

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000096975 (4)**

1. Corporation Name  
**AUGE INTERNATONAL ENTERPRISES INC.**



Principal Place of Business

Mailing Address

**2650 SCOTT STREET  
HOLLYWOOD FL 33020**

**2650 SCOTT STREET  
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

3a. Date of Last Report

**12/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 **10180 W Bay Harbor Dr.**

26 **10180 W Bay Harbor Dr.**

4. FEI Number  
**65-0631133**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

**Suite 2B**

27 Suite, Apt. #, etc.

**Suite 2-B**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State

**Bay Harbor Island, FL**

28 City & State

**Bay Harbor Island, FL**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip

Country

**33154**

29 Zip

Country

**33154**

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AUGE, WILHELM  
2650 SCOTT STREET  
HOLLYWOOD FL 33020**

81 Name

**AUGE, WILHELM**

82 Street Address (P.O. Box Number is Not Acceptable)

**10180 W Bay Harbor Dr. Suite 2B**

83

84 City

**Bay Harbor Island FL**

85 Zip Code

**33154**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Signature of Registered Agent required when re-appointing

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
	<b>D</b>	<b>AUGE, WILHELM</b>	<b>2650 SCOTT STREET HOLLYWOOD FL 33020</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	Change	Addition
<b>D</b>	<b>AUGE, WILHELM</b>	<b>10180 W Bay Harbor Dr. Suite 2B</b>	<b>Bay Harbor Island, FL 33154</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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\*\*\*200.00

*S/1126  
AUG*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if handed, or on an attachment with an address.

SIGNATURE: *Wilhelm Auge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 16, 96**  
Date

**(305) 865-3929**  
Daytime Phone #

CR2E034 (12/95)