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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u>1998</u>

DOCUMENT #

P96000040901 (6)

DICHMANN INTERNATIONAL, INC.

## FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 100 N BISCAYNE BLVD #3000 100 N BISCAYNE BLVD #3000 MIAMI FL 33132 MIAMI FL 33132 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For APPLIED FOR /65-0809586 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8,75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible **XX**Yes ☐ No 24 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Na ne and Address of Current Registered Agent 81 Name HEYDASCH, AXEL 100 N BISCAYNE BLVD #3000 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33132 83 84 85 Zip Code City 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 (NOT): Registered Agent signature required when reinstating) Stonature, typed or pointed game of registered are nt and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition □ DELETE Change TITLE 1.1 TO UE DICHMANN, FRANK NAME 1.2 NAME **RAIFFEISENSTABE 38** 1.3 STREET ADDRESS STREET ADDRESS BAD RAPPENAU, GERMANY 74906 CITY-ST-ZiP 1.4 C(TY - ST - ZIP DELLIE Change Addition 2.1 TITLE TITLE HEYDASCH, AXEL 2.2 NAME NAME 100 N. BISC BLVD. #3000 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33132** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 THE TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST - ZIP DELETE ... Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 64 CHY-ST-ZIP

14. Thereby certify that the information supplied with this filing (loss not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 changed, or on an attachment with an address.

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00/10/92

CR2E034 (10/97)