PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90095 016 \*\*\*150.00

## DOCUMENT # **P96000040901**1. Corporation Name

DICHMANN INTERNATIONAL, INC.

Principal Place of Rusiness

Mailing Address



| 1 Thiopail Laco of Basinogo  |                     |        |  |  |  |  |
|--|---------------------|--------|--|--|--|--|
| 100 N BISCAYNE BLVD #3000 100 N BISCAYNE BLVD #3000<br>MIAMI FL 33132 MIAMI FL 33132 |                     | )      |  | DO NOT WRITE IN THIS SPACE   |  |  |
| ·  |                     |        |  | 3. Date Incorporated or Qualifed   |  |  |
|  |                     |        |  | 05/06/1996   |  |  |
| Principal Place of Business . 2a. Mailing Address                                    |                     |        |  | 4, FEI Number Applied For  |  |  |
| 21   | 26                  |        |  | 65-0809586 Not Applicable  |  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |        |  | 5. Certifcate of Status Desired Serviced Fee Required                              |  |  |
| City & State   | City & State        |        | فتحصيده ورزو   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |  |  |
| Zip Country  | Zip 30              | Countr | у  | 8. This corporation owes the current year Intangible Personal Property Tax.        |  |  |
| 9. Name and Address of Current Registered Agent                                      |                     |        |  | 10. Name and Address of New Registered Agent                                       |  |  |
| i .  |                     | 81     | Name   | <del></del>  |  |  |
| HEYDASCH, AXEL<br>100 N BISCAYNE BLVD #3000  |                     |        | 2 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
| MIAMI FL 33132   |                     | 83     | 3  |  |  |  |
|  |                     | 84     | City   | FL 85 Zip Code   |  |  |
|  |                     | ,      | 1  | - <del> 1 1</del>  |  |  |

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, and accept the obligations of Section 607.0505. Florida Statutes.

| 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 title if applicat | ble. (NOTE: Re | gistered Agent signature re                           | equired when reinstating) DATE   |          |            |  |  |  |  |
| 12.   | OFFICERS AND DIRECTORS   |                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |          |            |  |  |  |  |
| TITLE :   | D  | ☐ DELETE       | 1.1 TITLE   |  | Change   | ☐ Addition |  |  |  |  |
| NAME ,  | DICHMANN, FRANK  |                | 1.2 NAME  |  |          |            |  |  |  |  |
| STREET ADDRESS  | RAIFFEISENSTABE 38   |                | 1.3 STREET ADDRESS                                    |  |          |            |  |  |  |  |
| CITY-ST-ZIP   | BAD RAPPENAU, GERMANY 74906  |                | 1.4 CITY-ST-ZIP                                       |  |          |            |  |  |  |  |
| TITLE .   | D  | ☐ DELETE       | 2.1 TITLE   |  | ☐ Change | Addition   |  |  |  |  |
| NAME  | HEYDASCH, AXEL   |                | 2.2 NAME  |  |          | j          |  |  |  |  |
| STREET ADDRESS  | 100 N. BISC BLVD. #3000  |                | 2.3 STREET ADDRESS                                    |  |          |            |  |  |  |  |
| CITY-ST-ZIP   | MIAMI FL 33132   |                | 2.4 CITY-ST-ZIP                                       |  |          |            |  |  |  |  |
| TITLE   |  | ☐ DELETE       | 3.1 TITLE   | The second of th | ☐ Change | Addition   |  |  |  |  |
| NAME  |  |                | 3.2 NAME  |  |          |            |  |  |  |  |
| STREET ADDRESS  |  |                | 3.3 STREET ADDRESS                                    | •  |          | }          |  |  |  |  |
| CITY-ST-ZIP   |  |                | 3.4. CITY-ST-ZIP                                      |  |          |            |  |  |  |  |
| TITLE '   |  | ☐ DELETE       | 4.1 TITLE   |  | ☐ Change | ☐ Addition |  |  |  |  |
| NAME .  |  |                | 4. 2 NAME   |  |          |            |  |  |  |  |
| STREET ADDRESS  |  |                | 4.3 STREET ADDRESS                                    |  |          |            |  |  |  |  |
| CITY-ST-ZIP   | ·  |                | 4,4 CITY-ST-ZIP                                       |  |          | -          |  |  |  |  |
| TITLE   |  | ☐ DELETE       | 5.1 TITLE   |  | Сhange   | Addition   |  |  |  |  |
| NAME '  |  |                | 5.2 NAME  |  | •        |            |  |  |  |  |
| STREET ADDRESS  | •  |                | 5.3 STREET ADORESS                                    |  |          |            |  |  |  |  |
| CITY-ST-ZIP   |  |                | 5.4 CITY-ST-ZIP                                       |  |          |            |  |  |  |  |
| TITLE '   | ***************************************                                    | ☐ DELETE       | 6.1 TITLE   |  | Change   | ☐ Addition |  |  |  |  |
| NAME  |  |                | 6.2 NAME  |  |          |            |  |  |  |  |
| STREET ADDRESS  |  |                | 6.3 STREET ADDRESS                                    | •  |          |            |  |  |  |  |
| CITY-ST-ZIP   |  |                | 6.4 CITY-ST-ZIP                                       |  |          |            |  |  |  |  |

14. I hereby certify that the information supplied with this filing does 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

DICHMANN WILL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAING OFFICER OR DIRECTOR

99-03-10 07264-913252

Daytime Phone #

D2E034 (11/08)