

04/22/1997 14:08

9042221222

CAPITAL CONNECT

FILED

Apr 25 1997 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
, 1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # : P96000056653

1. Corporation Name
Peppone Enterprise, Inc.

Principal Place of Business

Mailing Address

Waldeggstrasse 24
CH6020 Emmenbrucke
SwitzerlandWaldeggstrasse 24
CH6020 Emmenbrucke
Switzerland3. Date Incorporated or Qualified
07/05/96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

4 Zip Country

29 Zip Country

4. FEI Number

3c Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

Krummenacher, Fredy
7141 Lenape Circle
New Port Richey, FL 34653

81 Name

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

83

84 City

FL 85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.2 NAME Krummenacher, Fredy

1.3 STREET ADDRESS

1.3 STREET ADDRESS 7141 Lenape Circle

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP New Port Richey, FL 34653

2.1 TITLE ☐ DELETE2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.2 NAME Mueller, Peter

2.3 STREET ADDRESS

2.3 STREET ADDRESS Waldeggstrasse 26

2.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP 6020 Emmenbrucke, Switzerland

3.1 TITLE ☐ DELETE3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.2 NAME

3.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.2 NAME

4.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

400002157414
-04/29/97--01002--040
***165.00

I do 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.

SIGNATURE: Alfred Krummenacher 04.23.97 (P13) 847-6944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR