

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

FILED

Jun 30 1998 8:00am
Secretary of State

***AMENDED**

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # *****AMENDED*****
1. Corporation Name P 96000077935(0)

Preussag Energie Americas, Inc.

Principal Place of Business
200 S. Biscayne Blvd
Suite 4440
Miami, FL 33131
US

Mailing Address
200 S. Biscayne Blvd.
Ste 4440
Miami, FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/18/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0701649	
25 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Spencer, Thomas R. Jr.
801 Brickell Avenue
Suite 1901
Miami, FL 33131

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spencer, Thomas R. Jr.	1.2 NAME	Dr. Georg von Hantelmann
STREET ADDRESS	801 Brickell Avenue, Ste 1901	1.3 STREET ADDRESS	Waldstrasse 39
CITY-ST-ZIP	Miami, FL 33131	1.4 CITY-ST-ZIP	Lingen, Germany
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Mark Roland Mader
STREET ADDRESS		2.3 STREET ADDRESS	200 S. Biscayne Blvd., Ste 4440
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Wulf Hagemann
STREET ADDRESS		3.3 STREET ADDRESS	Waldstrasse 39
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lingen, 49808, Germany <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Heinz-Georg Feuerborn
STREET ADDRESS		4.3 STREET ADDRESS	Waldstrasse 39
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lingen, 49808, Germany <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Josef Hagen
STREET ADDRESS		5.3 STREET ADDRESS	Waldstrasse 39
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lingen, 49808, Germany <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	600002576176
STREET ADDRESS		6.3 STREET ADDRESS	-06/30/98-01012-030
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

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.

SIGNATURE: *MARK ROLAND MADER* 6/15/98 120557756m

CR2E034 (10/97)