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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088183 (4)

DRESDNER DOLL USA, INC.

Principal Place of Business Mailing Address

5893 ENTERPRISE PARKWAY SUITE B

FILED May 18 1998 8:00am Secretary of State



5893 ENTERPRISE PARKWAY SUITE B FT. MYERS FL 33905 FT. MYERS FL 33905 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0710340 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zψ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ZEHETNER, PETER **5893 ENTERPRISE PARKWAY SUITE B** 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33905 83 84 City Zip Code 85 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, typod or pointed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change NAME ZEHETNER, PETER 1.2 NAME **5893 ENTERPRISE PARKWAY SUITE B** STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33905 CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BEYER, WALTER NAME 2.2 NAME RUGESTRASSE 11 STREET ADDRESS 2.3 STREET ADDRESS DRESDEN GE CITY-ST-ZIP 2 4 City-ST-ZIP DELETE Change Addition TITLE 3.1 TIDE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE

14. Thereby 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.

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 THLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

4 4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4-30-98

941-693-3622

Change

Change

Addition

Addition