


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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <i>P96000090515</i>			
1. Corporation Name <b>ALTMANN ENTERPRISES, INC.</b>			
Principal Place of Business		Mailing Address	
<b>801 Brickell Avenue Suite 952 Miami, FL 33131</b>			
2. Principal Place of Business		2a. Mailing Address	
21 <b>801 Brickell Avenue</b>		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 <b>Suite 952</b>		27	
City & State		City & State	
23 <b>Miami, FL</b>		28	
Zip		Zip	
24 <b>33131</b>		29	
Country		Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Gerhard Altmann 801 Brickell Avenue Suite 952 Miami, FL 33131</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: <i>Gerhard Altmann</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>Gerhard Altmann, President</b> <input type="checkbox"/> DELETE	11 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gerhard Altmann</b>	12 NAME	<b>Gerhard Altmann</b>
STREET ADDRESS	<b>801 Brickell Avenue</b>	13 STREET ADDRESS	<b>801 Brickell Ave., Ste. 952</b>
CITY - ST - ZIP	<b>Miami, FL 33131</b>	14 CITY - ST - ZIP	<b>Miami, FL 33131</b>
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gerhard Altmann</b>	22 NAME	
STREET ADDRESS	<b>801 Brickell Ave, Ste. 953</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>Miami, Florida 33131</b>	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gerhard Altmann*  
Gerhard Altmann

Date

Daytime Phone #

CR2E034 (9/96)