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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State, DIVISION OF CORPORATIONS

DOCUMENT # P97000004044 (8)

FINANZ + KOMMUNIKATIONS MANAGEMENT, INC.

**FILED** Jun 30 1998 8:00am Secretary of State



|   | :   |                                |                               |  |
|---|---|--------------------------------|-------------------------------|--|
| Principal Plac  | ce of Business  | Mailing Address                |                               | ) TOOLIDAN LID LANK LAAK BANK AANK AANK EAST AASK GIBN AANN DIAN ALAN DIAN (AAN  |
| 21ST FLOOR NEW WORLD TOWER 21ST FLOOR NEW WORLD 100 NORTH BISCAYNE BLVD 100 NORTH BISCAYNE BLVD MIAMI FL 33132 2 MIAMI FL 33132   |   |                                |                               | DO NOT WRITE IN THIS SPACE   |
|   | <u>:</u><br><del>T</del>                                |                                |                               | 3. Date Incorporated or Qualified<br>01/14/1997  |
| 2. Principal F  | Place of Business                                       | 2a. Mailing Address            |                               | . 4. FEI Number Applied For  |
| <u> </u>  | O Cypress Hollow CY                                     | <u> </u>                       | Ridal                         |  |
| Suite, Apt.   |   | Suite, Apt. #, etc.            | 7                             | \$8.75 Additional  |
| 22 Aut  | F-201   | 27 # 353                       |                               | 5. Certificate of Status Desired Fee Required  |
| City & Stat   | le .  | City & State                   |                               | 6. Election Campaign Financing \$5.00 May Be   |
| 23 BDn  | ita earso the   | 28 WAPLE                       | Fin                           | Trust Fund Contribution  |
| 79112   | Countly   | Zip                            | Country US                    |  |
| 24 (34/3  |   |                                | 30 1013                       | Personal Property Tax due June 30. Yes No  |
| 9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent |   |                                |                               |  |
| COMPANION SERVICE COMPANY   |   |                                |                               |  |
|   | DI HAYS STREET  |                                | 82 Street                     | Address (P.O. Box Number is Not Acceptable)  |
| IA  | LLAHASSEE FL 32301-2525                                 |                                | 83 - 3 - 4                    | Ch Charles Harrison A. H. C.C.   |
|   | #<br>   |                                | 2311                          | PL RIAK RM #353  |
| One   | * Y   |                                | 84 City                       | FI 85 Zip Code   |
| 11. Pursuant  | to the provisions of Sections 607,0502 a                | and 607.1508. Florida Statutes | s. the above-named            | corporation submits this statement for the purpose of changing its registered  |
| office or I   | registered agent, or both, in the State of              | Florida, Such change was au    | thorized by the corp          | poration's board of directors. I hereby accept the appointment as registered   |
| 44241411111111111111111111111111111111  |   |                                |                               |  |
| SIGNATURE   | Signature typing or printed harve of registered agent a | nd tille if applicable (NO1E:  | Registered Agent signature    | required when reinstating) DATE  |
| 12.   | OFFICERS AND I  |                                | 13.                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | D   | ☐ DELETE                       | 1.1 TITLE                     | D Change L Addition  |
| NAME  | VOGELGESANG, JUERGEN                                    |                                | 1.2 NAME                      | shergen vogergesnig.   |
| STREET ADDRESS  | 100 N BISCAYNE BLVD, 21ST F                             | LUUK                           | 1.3 STREET ADDRESS            | Thergen Vogergesary 25010 cypress Hollow Ct # F-201 Blooms Springs File  |
| CITY-ST-ZIP   | MAMI FL 33132   | DELETE                         | 1,4 CITY-ST-ZIP               | Blanta Spring's Change   Addition  |
| TITLE   | · 通   | ריין מברנוב                    | 2.1 TITLE                     |  |
| NAME  | i d   |                                | 2.2 NAME                      |  |
| STREET ADDRESS  | 5<br>   |                                | 2.3 STREET ADDRESS            |  |
| CITY-ST-ZIP<br>TITLE  |   | DELETE                         | 2. 4 CITY-ST-ZIP<br>3.1 TITLE | ☐ Change ☐ Addition  |
| NAME  | 1   |                                | 3.2 NAME                      | and Complete to the Complete t |
| STREET ADDRESS  | į.  |                                | 3.3 STREET ADDRESS            |  |
| CITY-ST-ZIP   |   |                                | 3.4. CITY - ST - ZIP          |  |
| TITLE   |   | ☐ DELETE                       | 4.1 TITLE                     | Change Addition  |
| NAME  | से<br>द्व   |                                | 4. 2 NAME                     |  |
| STREET ADDRESS  |   |                                | 4.3 STREET ADDRESS            |  |
| CITY-ST-ZIP   |   |                                | 4.4 CITY - ST - ZIP           |  |
| TITLE   | ÷   | DELETE                         | 5.1 TITLE                     | Change Addition  |
| NAME  | 1   |                                | 5.2 NAME                      | 600002577926   |
| STREET ADDRESS  | ਲੋਂ<br>ਹ  |                                | 5.3 STREET ADDRESS            | -07/01/98010540 <b>40</b>  |
| CITY-ST-ZIP   | 3   |                                | 5.4 CITY - ST - ZIP           | *** <b>1</b> 58 <b>.7</b> 5  |
| TITLE   |   | ☐ DELETE                       | 6.1 TITLE                     | Change Addition  |
| NAME  | -<br>   |                                | 6.2 NAME                      | M" UIRN  |
| STREET ADDRESS  | g bugger  |                                | 63 STREET ADDRESS             | 700  |
| CITY-ST-ZIP   | <b>₩</b>  |                                | 6.4 CITY-ST-ZIP               |  |

I hereby certify that the information supplied with a indicated on this annual report of suppliers and officer or director of the corporation or this procuping Block 12 or Block 13 if changed or on a supplier. ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an upstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in