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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

\$andra B. MortHam

Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT # P.9700083351 (1)

FILED
Jun 01 1998 8:00am
Secretary of State

SEMPITERNA INTERNATIONAL, INC.				
	_			
Principal Place of Business Mailing Address				r ned istat via idili jatis dalii dalis dalis dalas shida shida vitat usat ista atal
1059 COLLINS		1059 COLLINS AVENUE		
SUITE 101-1116 SUITE 101-1116 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139				DO NOT WRITE IN THIS SPACE
WIAMI DEACH	116 20139	MINMI DENVIT IE 33133		3. Date Incorporated or Qualified
				09/26/1997
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0783005 Not Applicable
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	n	City & State		
23	•	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 🔲 No
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
· AM	ERILAWYER CHARTERED		81 Name	JUEGG DANIEL SCHMID
· 343	ALMERIA AVENUE		82 Street	Address (P.O. Box Number is Not Acceptable)
CO	RAL GABLES FL 33134		83	1059 COLLINS AUE
			63	Suite 101-1116
			84 City	MILMI DECOL FI 85 7050089
11 Pursuant t	a the provisious of Sections 607 050	02 and 607.1508. Florida Statute:	s, the above-named	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subthits 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.				
C_{01} T_{000} C_{01} T_{000} C_{01}				
SIGNATURE Signature type to profess fraces of experience and refer to personal (NOR Registered Agents) greater required				required when Veinstating DATE
12		VD DIRECTORS DELETE	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ANDEOCED AND		1.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	RANDEGGER, ANJA 1059 COLLINS AVENUE		1.2 NAME 1.3 STREET ADDRESS	į
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 C/TY-ST-2/P	
TITLE	STD	DELETE	2.1 Title	Change Addition
NAME	SCHMID, JUERG D		2.2 NAME	· ·
STREET ADDRESS	1059 COLLINS AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	·	2. 4 CHY+ST-ZIP	
TITLE		DELETE	31 TATLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
		order	4.2 NAME	Change Change
NAME Street address			4.3 STREET ADDRESS	,
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	3000025429 LChange Addition
NAME			6.2 NAME	-06/01/9801119n14 \\\\
STREET ADDRESS			6.3 STREET ADDRESS	3000025428f3 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-\$1-ZIP	sertify that the information surplied a	with this films does not qualify for	SA CITY ST-ZIP	ed in Section 119.07(3)(i). Florida Statutes I further certify that the information
14. Thereby certify that the information supplied with this filing does not qualify for the explicit or 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 acculate 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 executable report as required by Chapter 607, Florida Statutes; and that my name appears in				
officer or director of this corporation of the receiver or trustee employeed 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 aydress				