2000 UNIFORM BUSINESS REPORT (UBR) May 04, 2000 8:00 am DOCUMENT # P- 97000091898 Secretary of State 05-04-2000 90222 041 ***150.00 WINCHESTER PROPERTY MANAGEMENT CORP. Principal Place of Business Mailing Address FO GERARD G. MOSS c/o Gerard G. Moss, C.P.A. 2000 Biscayne Boulevard #508 iami, Florida 33181 SAME B0083574 2. Principal Place of Business 3. Mailing Address 12000 Biscayne Blvd. SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0919534 TAMT, FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ₹3<u>181</u> DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent aul Klever Gerard G. Moss 3200 North Federal Highway #206-9 Street Address (P.O. Box Number is Not Acceptable) pea Raton, Florida 33431 12000 Biscayne Blvd. #508 33181 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Change NAME Friedhelm Schnitzler STREET ADDRESS STREET ADDRESS HaydnStrasse 15 CITY-ST-ZIP CITY-ST-ZIP 90491 NUERNBERG, Germany TITLE ☐ Nelete TITLE ☐ Change Fin Applican NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ ÷33337 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] : y: : :: ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change 633.27 MANE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete Chance □ Autor NAME NAME STREET ADDRESS STREET ADDRESS

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13. 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 report or supplemental 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 direction 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 11 or Block 12

npowered.

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changed, or on an attachment with an