

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 98000021517

Corporation Name

Inka of Southwest Florida, Inc.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE

Principal Place of Business 5801 Pelican Bay Blvd. Suite 300 Naples, FL 34108		Mailing Address 5801 Pelican Bay Blvd. Suite 300 Naples, FL 34108	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
25		29	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Dixon F. Miller 5801 Pelican Bay Blvd. Suite 300 Naples, FL 34108		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	
NAME	Paul Meier	12 NAME	
STREET ADDRESS	Lindenbornstr. 25	13 STREET ADDRESS	
CITY-STATE-ZIP	D 66629 Grugelborn, Germany	14 CITY-STATE-ZIP	
TITLE	D/S	21 TITLE	
NAME	Nicole Meier	22 NAME	
STREET ADDRESS	Lindenbornstr. 25	23 STREET ADDRESS	
CITY-STATE-ZIP	D 66629 Grugelborn, Germany	24 CITY-STATE-ZIP	
TITLE	D/T	31 TITLE	
NAME	Markus Meier	32 NAME	
STREET ADDRESS	Lindenbornstr. 25	33 STREET ADDRESS	
CITY-STATE-ZIP	D 66629 Grugelborn, Germany	34 CITY-STATE-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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14. I 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, with all other like empowered.

SIGNATURE:

Paul Meier, Director

6-23-00

KE