

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90152 038 ***150.00

DOCUMENT # P98000058873

1. Corporation Name

POLUX INTERNATIONAL, INC.

Principal Place of Business

6245 NORTH FEDERAL HIGHWAY
SUITE 202
FORT LAUDERDALE FL 33308

Mailing Address

6245 NORTH FEDERAL HIGHWAY
SUITE 202
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1998

4. FEI Number

65-0878329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 426 N.E. 13th Avenue

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fort Lauderdale, FL

City & State

28

Zip

24 33301

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Matthias Zimmermann

82 Street Address (P.O. Box Number is Not Acceptable)

426 N.E. 13th Avenue

83

84 City

Fort Lauderdale

FL

85 Zip Code

33301

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

4/29/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
SCHMIDT, MANFRED
STREET ADDRESS 6245 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Schmidt, Manfred

1.3 STREET ADDRESS 426 N.E. 13th Avenue

1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Secretary

2.3 STREET ADDRESS Laute, Klaus-Peter

2.4 CITY-ST-ZIP 426 N.E. 13th Avenue

Fort Lauderdale, FL 33301

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Treasure

3.3 STREET ADDRESS Etzdorf, Gerhard

3.4 CITY-ST-ZIP 426 N.E. 13th Ave.

FL 33301

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: Manfred Schmidt 4/29/99 (954) 523-9489

CR2E034 (1/98)