

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 14, 1999 8:00 am  
Secretary of State

05-14-1999 90011 044 \*\*\*300.00

DOCUMENT #

1. Corporation Name

Allderm Corporation

Principal Place of Business

Mailing Address

c/o Max Langen  
112 S. Hibiscus Dr.  
Miami Beach, FL. 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/98

4. FEI Number

65-0856598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Max Langen  
112 S. Hibiscus Dr.  
Miami Beach, FL. 33139

81 Name

Max Langen

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

112 S. Hibiscus Dr.

83

84 City

Miami Beach

FL

85 Zip Code  
33139

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)

3/19/99

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director  
NAME Elvira Knips  
STREET ADDRESS 4201 Collins Ave., #2403  
CITY-ST-ZIP Miami Beach, FL, 33140

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/99 X (305) 674-0023

CR2E034 (11/98)