

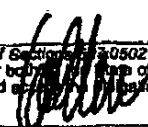
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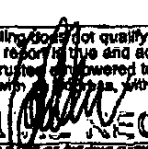
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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90151 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000069410			
1. Corporation Name BRAINTRAIN USA, INC.			
Principal Place of Business 409 MANATEE CT.,STE.207 VENICE FL 34285		Mailing Address 22 WILHELM-STRAEßLE ST. FELLBACH D-70736 GERMANY	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Sube, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Sube, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 08/03/1998		4. FBI Number 65-0864207 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	
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent BOHLEN, FRED N PH.D 409 MANATEE CT.,STE.207 VENICE FL 34285		10. Name and Address of New Registered Agent 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 agree to the provisions of, Section 607.0505, Florida Statutes.			
SIGNATURE 		DATE 4/11/1999	
(NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE NAME BOHLEN, FRED N STREET ADDRESS 409 MANATEE CT.,STE.207 CITY-ST-ZIP VENICE FL 34285		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS 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 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 this report, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)