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
Apr 05, 1999 8:00 am
Secretary of State
04-05-1999 90027 040 ***158.75

DOCUMENT # **P98000082079**

1. Corporation Name

PARTNERS FOR APPLIED SCIENCE, INC.

Principal Place of Business	Mailing Address
905 BRICKELL BAY DRIVE SUITE 1629 MIAMI FL 33131	905 BRICKELL BAY DRIVE SUITE 1629 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/22/1998

4. FEI Number
65-0867034
Applied For / Not Applicable

5. Certifcate 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 21	2a. Mailing Address 26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

THEURMEISTER, WOLF
905 BRICKELL BAY DRIVE
SUITE #1629
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: *THEUERMEISTER, WOLF*
82 Street Address (P.O. Box Number is Not Acceptable) *905 Brickell Bay Drive, Suite 1629*
83
84 City *MIAMI* FL 85 Zip Code *33131*

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 *W. THEUERMEISTER* *2/1/99*
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 **PD** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **SCHMITT-VALE, ELFRIEDE**	1.2 NAME	
STREET ADDRESS ~~4000~~ N.W. 44 TERRACE SUITE 301	1.3 STREET ADDRESS *10030 N.W. 44 Terrace, #301*	
CITY-ST-ZIP **MIAMI FL 33178**	1.4 CITY-ST-ZIP	
TITLE **VPD** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **SCHMITT, RAINER**	2.2 NAME	
STREET ADDRESS ~~4030~~ N.W. 44 TERRACE SUITE 301	2.3 STREET ADDRESS *10030 NW. 44 Terrace #301*	
CITY-ST-ZIP **MIAMI FL 33178**	2.4 CITY-ST-ZIP	
TITLE *Secretary* ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME *THEUERMEISTER, WOLF*	3.2 NAME	
STREET ADDRESS *905 Brickell Bay Drive, Suite 1629*	3.3 STREET ADDRESS	
CITY-ST-ZIP *MIAMI, FL 33131*	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	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 an address, with all other like empowered.

SIGNATURE: _____ *2/1/99* (305) 372 0706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)