2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083934 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name ALEMANIA BUSINESS CORPORATION 04-20-2000 90048 033 ***150.00 Principal Place of Business Mailing Address 1105 CAPE CORAL PARKWAY EAST 1105 CAPE CORAL PARKWAY EAST SHITE C CAPÉ CORAL FL 33904-9175 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State , City & State 4. FEI Number APPLIED FOR 65088367 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, CHRISTINE F Street Address (P.O. Box Number is Not Acceptable) 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL FL 33904 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE WITTIG, DIRK NAME NAME Wittig, Dirk AM MOENCHGRABEN 99 STREET ADDRESS STREET ADDRESS 3237 N. Sheriff Dr. CITY-ST-ZIP D40597 DUSSELDORP GERMANY CITY-ST-ZIP Beverly Hills, FL. 34465 ☐ Delete TITLE ☐ Addition TITLE HOPFENMUELLER, FRANK NAME NAME Hopfenmueller, Frank STREET ADDRESS STREET ADDRESS **BOTHAUS 48** 515 S. Jefferson Street CITY-ST-ZIP CITY-ST-ZIP D40723 HILDEN, GERMANY Beverly Hills, FL. 34465 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

OF CHES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR