2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # **P99000109225** 1. Entity Name AKTIV ASSEKURANZ (USA) INC. 05-23-2000 90225 003 ***158.75 Mailing Address Principal Place of Business 5730 SOUTHWEST 74TH STREET 5730 SOUTHWEST 74TH STREET SUITE 700 SUITE 700 **MIAMI FL 33143** MIAMI FL 33143 3. Mailing Address Principal Place of Business 8551 W. SUNRISE BLUD. SSI W. SUNPISE DO NOT WRITE IN THIS SPACE Suite Ant #, etc. SUITE # J175 Applied For City & State City & State 65-0998602 MOTATION Not Applicable \$8.75 Additional Country A 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLANCK-ROBERT-W---Street Address (P.O. Box Number is Not Acceptable) **5730 SOUTHWEST 74TH STREET** SUITE 700 MIAMI FL 33143 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Delete TITLE TITLE GONZALEZ JUAN ANGEL GONZALEZ, JUAN ANGEL NAME NAME 6823 LAKE NONA PL. **5730 SOUTHWEST 74TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH キレ CITY-ST-7IP **MIAMI FL 33143** Change ☐ Addition Delete TITLE TITLE **BOCHANSKI, JUERGEN** NAME NAME STREET ADDRESS 5730 SOUTHWEST 74TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 SD. o GOLLE MEST 7674 STRIPE. Change ☐ Addition ☐ Delete TITLE BOYD.*BRADFORD *** NAME = STREET ADDRESS 5730 SOUTHWEST 74TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Addition Change ☐ Delete TITLE TITLE GONZALEZ, JUAN ANGEL NAME NAMÉ STREET ADDRESS 5730 SOUTHWEST 74TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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:

SIGNATURE AND TYPED OFFINTED NAME OF SIGNING OFFICER OR DIRECTO

ANGEL GONZACEZ)

04.27.00

<u>f888-ff2(42P)</u>

Daytime Phone #