2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90023 021 ***150.00

DOCUMENT # P99000109225

1. Entity Name
AKTIV ASSEKURANZ (USA) INC.

Principal Place of Business	Mailing Address
~~5730 SOUTHWEST 74TH STREET~~ ~~SUITE 700~~ ~~MIAMI FL 33143~~	~~5730 SOUTHWEST 74TH STREET~~ ~~SUITE 700~~ ~~MIAMI FL 33143~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8551 W. SUNRISE BLVD	8551 W. SUNRISE BLVD
Suite, Apt. #, etc. # 104	Suite, Apt. #, etc. # 104
City & State PLANTATION, FLORIDA	City & State PLANTATION FLORIDA
Zip 33322 Country	Zip 33322 Country

4. FEI Number 65-0998602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, JUAN ANGEL C/O AKTIV ASSEKURANZ 8551 W SUNRISE BLVD SUITE 104 PLANTATION FL 33322	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALEZ, JUAN ANGEL 8551 W SUNRISE BLVD #104 PLANTATION FL 33322-4007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR JUAN ANGEL GONZALEZ	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOCHANSKI, JUERGEN 8551 W SUNRISE BLVD #104 PLANTATION FL 33322-4007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR JUERGEN BOCHANSKI	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHUMANN, KARL HEINZ 8551 W SUNRISE BLVD #104 PLANTATION FL 33322-4007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GONZALEZ, JUAN ANGEL 8551 W SUNRISE BLVD #104 PLANTATION FL 33322-4007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED 01/31/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #