2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90101 020 ***150.00

0355543 AV

DOCUMENT # P99000109225

1. Entity Name
AKTIV ASSEKURANZ (USA) INC.

Principal Place of Business	Mailing Address
8551 W. SUNRISE BLVD #104 PLANTATION FL 33322	8551 W. SUNRISE BLVD #104 PLANTATION FL 33322

2. Principal Place of Business	3. Mailing Address
10705 N.W. 33RD STREET	10705 N.W. 33RD STREET
Suite, Apt. #, etc. SUITE 120	Suite, Apt. #, etc. SUITE 120
City & State MIAMI, FL	City & State MIAMI, FL
Zip / Country 33172 / U.S.A.	Zip / Country 33172 / U.S.A.

☐ CHECK HERE IF MAKING CHANGES

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

GONZALEZ, JUAN ANGEL
C/O AKTIV ASSEKURANZ
8551 W SUNRISE BLVD SUITE 104
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name: GONZALEZ, JUAN ANGEL C/O AKTIV ASSEKURANZ
Street Address (P.O. Box Number is Not Acceptable): 10705 N.W. 33RD STREET
SUITE 120
City: MIAMI, FL **FL** Zip Code: 33172

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GONZALEZ, JUAN ANGEL 8551 W SUNRISE BLVD #104 PLANTATION FL 33322-4007	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GONZALEZ, JUAN ANGEL 10705 N.W. 33RD STREET #120 MIAMI, FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOCHANSKI, JUERGEN 8551 W SUNRISE BLVD #104 PLANTATION FL 33322-4007	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOCHANSKI, JUERGEN 10705 N.W. 33RD STREET #120 MIAMI, FL 33172	☒ 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	SD SCHUMANN, KARL HEINZ 10705 N.W. 33RD STREET #120 MIAMI, FL 33172	☒ 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	TD GONZALEZ, JUAN ANGEL 10705 N.W. 33RD STREET #120 MIAMI, FL 33172	☒ 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 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 04/08/2003 — (305) 418-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #