

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murpham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001468461
-04/28/95--01071--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # S01500 (5)
1. Corporation Name

Aslan Foundation of North America, Inc.

Principal Place of Business Mailing Address
825 South Bayshore Drive Suite 1847
Miami, FL 33131 Miami, FL 33131

3. Date Incorporated or Qualified **09/21/1990** 3a. Date of Last Report **04/28/94**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.	59-0077251		Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAIER, KIRSTEN I. 825 South Bayshore Drive Suite 1847 Miami, FL 33131				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when nonincorp) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/T	1.1 TITLE	P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, ROLF, C	1.2 NAME	DRAXLER, SABINE
STREET ADDRESS	825 S. Bayshore Drive, Ste 1847	1.3 STREET ADDRESS	825 South Bayshore Drive, Ste 1847
CITY-ST-ZIP	Miami, FL 33131	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	KRUSCH, GERHARD, A
STREET ADDRESS		2.3 STREET ADDRESS	825 South Bayshore Drive, Ste 1847
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	KLAUKE, VOLKERT
STREET ADDRESS		3.3 STREET ADDRESS	825 South Bayshore Drive, Ste 1847
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: S. DRAXLER President 14/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature / Name

4-2095