

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **09/21/1990** 3a. Date of Last Report **05/26/1995**
4. FEI Number **59-0077251** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **999 Brickell Avenue** 26 **999 Brickell Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 1006** 27 **Suite 1006**
City & State City & State
23 **Miami, Florida** 28 **Miami, Florida**
Zip Country Zip Country
24 **33131 USA** 29 **33131 USA** 30 **USA**

9. Name and Address of Current Registered Agent
BAIER, KIRSTEN I.
825 SOUTH BAYSHORE DRIVE
SUITE 1847
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name **BAIER, KIRSTEN I.**
82 Street Address (P.O. Box Number is Not Acceptable) **999 Brickell Avenue**
83 **Suite 1006**
84 City **Miami** 85 Zip Code **FL 33131**

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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-26-96**

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	DRAXLER, SABINE	
STREET ADDRESS	825 S. BAYSHORE DRIVE STE 1847	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KRUSCH, GERHARD A	
STREET ADDRESS	825 SOUTH BAYSHORE DRIVE STE 1847	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAUKE, VOLKERT	
STREET ADDRESS	825 SOUTH BAY SHORE DRIVE STE 1847	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	999 Brickell Avenue, Suite 1006
1.4 CITY-ST-ZIP	Miami, Florida 33131
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mueller, Uwe
2.3 STREET ADDRESS	% 999 Brickell Avenue, Suite 1006
2.4 CITY-ST-ZIP	Miami, Florida 33131
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	999 Brickell Avenue, Suite 1006
3.4 CITY-ST-ZIP	Miami, Florida 33131
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4-26-96 (305) 372-0288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KIRSTEN T. BAIER (1 copy encl.)

CRCE034 (12/95)