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PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S20193** (6)

1. Corporation Name
SIGTEC AMERICA, INC.

Principal Place of Business	Mailing Address
1555 HOWELL BRANCH RD STE C220 WINTER PARK FL 32789 US	1555 HOWELL BRANCH RD STE. C220 WINTER PARK FL 32789 US

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/19/1990
3a. Date of Last Report: 06/02/1995
4. FEI Number: 95-4052007 ☐ 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

9. **Name and Address of Current Registered Agent**

BESS, ELLIS L. II
1555 HOWELL BRANCH ROAD
STE C220
WINTER PARK FL 32789

10. **Name and Address of New Registered Agent**

81 Name: CRESPO, FEDERICO E.
82 Street Address (P.O. Box Number is Not Acceptable): 1555 HOWELL BRANCH ROAD
83 SUITE C220
84 City: WINTER PARK, FL FL 85 Zip Code: 32789

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 X [signature] FEDERICO E. CRESPO, VP/GEN MGR 04/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BARBER, JOHN W. R. 107 SEAFORD ROAD SEAFORD, VICT AUSTRAI	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVERSHA, ROBERT J. 107 SEAFORD ROAD SEAFORD VICTORA AUSTRALIA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRISP, GEORGE E. 107 SEAFORD ROAD SEAFORD, VICT AUSTRAI	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST BESS, ELLIS L. II 1555 HOWELL BRANCH RD., #C220 WINTER PARK FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VST CRESPO, FEDERICO E. 1555 HOWELL BRANCH ROAD, #C220 WINTER PARK, FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] FEDERICO E. CRESPO, VP/GEN MGR 04/29/96 407/628-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)