

FILING FEE AFTER MAY 1ST IS \$550.00

COMPANY ANNUAL REPORT
1998



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

FILED
Mar 27 1998 8:00 am
Secretary of State

DOCUMENT # S 56 191 ASM Holdings, Inc
~~Institute for Communication and Sales~~
~~Training Corporation, NC 3-26-98~~

6658 NW 25 Avenue
Boca Raton FL 33496

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. 6658 NW 25 Ave		2a. Mailing Address 26. Same As # 21		3. Date Incorporated or Qualified 5/22/91	
22. City & State 23. Boca Raton FL		27. City & State		4. FEI Number 65-0263087	
24. Zip 33496		28. Zip USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25. Country USA		29. Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
26. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	

Axel Weiss
2400 W Copans Road
Pompano Beach FL 33069

81. Name Axel Weiss	85. Zip Code 33496
82. Street Address (P.O. Box Number is Not Acceptable) 6658 NW 25 Avenue	
83. City Boca Raton FL	

11. By signing this report, I, the undersigned, certify that I am a resident of the State of Florida and am qualified to serve as a registered agent for the purpose of changing its registered agent. I am aware of the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3-21-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE President DIP	☐ DELETE	1.1 TITLE President DIP	☐ Change ☐ Addition
2. NAME Axel Weiss		1.2 NAME Axel Weiss	
3. STREET ADDRESS 6658 NW 25 Avenue		1.3 STREET ADDRESS 6658 NW 25 Avenue	
4. CITY-STATE-ZIP Boca Raton FL 33496	☐ DELETE	1.4 CITY-STATE-ZIP Boca Raton FL 33496	☐ Change ☐ Addition
5. TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
9. TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	

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***150.00

14. I, the undersigned, certify that I am a resident of the State of Florida and am qualified to serve as a registered agent for the purpose of changing its registered agent. I am aware of the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR