FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDED CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S58128(7)

1. Corporation Name

ASLAN INSTITUTE, INC.

Principal Place of Business	Mailing Address
825S. BAYSHORE DRIVE SUITE 1847 MIAMI, FL 33131	825 S. BAYSHORE DRIVE SUITE 1847 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 825 S. BAYSHORE DRIVE	2a. Mailing Address: 26 825 S. BAYSHORE DRIVE
Suite, Apt #, etc: 22 SUITE 1847	Suite, Apt #, etc: 27 SUITE 1847
City & State: 23 MIAMI, FL	City & State: 28 MIAMI, FL
Zip: 24 33131 — Country: 25 USA	Zip: 29 33131 — Country: 30 USA

3. Date Incorporated or Qualified: 06-13-1991
3a. Date of Last Report: 4-14-1995
4. FEI Number: 65-0269645 — ☐ 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

BAIER, KIRSTEN I.
825 SOUTH BAYSHORE DRIVE
SUITE 1847
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/V/T
NAME	MUELLER, ROLF CORNELIUS
STREET ADDRESS	825 S BAYSHORE DRIVE, STE 1847
CITY ST ZIP	MIAMI, FL 33131
TITLE	~~P~~ (DELETE)
NAME	~~VAUTOUR, FRANCOIS~~
STREET ADDRESS	~~101 N. OCEAN DRIVE, STE 121~~
CITY ST ZIP	~~HOLLYWOOD, FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S	☒ Change ☐ Addition
1.2 NAME	DRAXLER, SABINE	
1.3 STREET ADDRESS	825 S. BAYSHORE DRIVE, STE 1847	
1.4 CITY ST ZIP	MIAMI, FL 33131	
2.1 TITLE	D/T	☒ Change ☐ Addition
2.2 NAME	KRUSCH, GERHARD A.	
2.3 STREET ADDRESS	825 S. BAYSHORE DRIVE, STE 1847	
2.4 CITY ST ZIP	MIAMI, FL 33131	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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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: S. DRAXLER Director 19/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #