FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S58128** **(7)**

1. Corporation Name

ASLAN INSTITUTE, INC.

Principal Place of Business

825 S. BAYSHORE DRIVE
STE. 1847
MIAMI FL 33131
US

Mailing Address

825 S. BAYSHORE DRIVE
STE. 1847
MIAMI FL 33131
US

3. Date Incorporated or Qualified: **06/13/1991**

3a. Date of Last Report: **04/26/1995**

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

2. Principal Place of Business
21 999 Brickell Avenue
Suite, Apt. #, etc.
22 Suite 1006
City & State
23 Miami, Florida
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 999 Brickell Avenue
Suite, Apt. #, etc.
27 Suite 1006
City & State
28 Miami, Florida
Zip 29 33131 Country 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 **FL** 85 Zip Code: 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4-26-96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DRAXLER, SABINE 825 S. BAYSHORE DRIVE, SUITE 1847 MIAMI FL 33131	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KRUSCH, GERHARD A 825 S. BAY SHORE DRIVE STE 1847 MIAMI FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPS Draxler, Sabine % 999 Brickell Avenue, Suite 1006 Miami, Florida 33131	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DT Mueller, Uwe % 999 Brickell Avenue, Suite 1006 Miami, Florida 33131	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
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: [signature] by power of attorney (copy enc.) 4-26-96 (305) 372-0288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KIRSTEN I. BAIER

Date Daytime Phone #

CR2E034 (12/95)

0134984 CP