

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000003644 (2)

1. Corporation Name
BAVARIA HOUSE CORP.



Principal Place of Business: 1121 SOUTH FRONT ST. WILMINGTON NC 28401 US
Mailing Address: P.O. BOX 26 WILMINGTON NC 28402

| | | | | | |
|--|-------------|--|-------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | 1121 S. Front St. | 08/09/1993 | 03/20/1995 |
| 22. Suite, Apt #, etc. Wilmington, NC | | 27. Suite, Apt #, etc. Wilmington, NC | | 4. FEI Number | Applied For |
| 23. City & State | | 28. City & State | | 56-1764176 | Not Applicable |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 28401 | USA | 28401 | USA | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | | | | | |
|--|--|--|--|--|------------------------|----|--------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ST. JOHN'S BEVERAGE CO. 31 MCMILLAN ST. ST. AUGUSTINE FL 32095 | | | | 81. Name | Edelweiss Imports Inc. | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | 975 S. Congress Ave. | | |
| | | | | 83. | Box # 110 | | |
| | | | | 84. City | DelRay Beach | FL | 85. Zip Code |
| | | | | | | | 33445 |

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: Robert Egold - Pres. DATE: 6/17/96

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 11. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | FOERG, LOTHAR | | | 12. NAME | | | |
| STREET ADDRESS | 1121 S. FRONT STREET | | | 13. STREET ADDRESS | | | |
| CITY-ST-ZIP | WILMINGTON NC 28401 | | | 14. CITY-ST-ZIP | | | |
| TITLE | DVPS | <input type="checkbox"/> DELETE | | 21. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | RITTER, GERHARD | | | 22. NAME | | | |
| STREET ADDRESS | 1121 S. FRONT STREET | | | 23. STREET ADDRESS | | | |
| CITY-ST-ZIP | WILMINGTON NC 28401 | | | 24. CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 31. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 32. NAME | | | |
| STREET ADDRESS | | | | 33. STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 34. CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 41. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 42. NAME | | | |
| STREET ADDRESS | | | | 43. STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 44. CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 51. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 52. NAME | | | |
| STREET ADDRESS | | | | 53. STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 54. CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 61. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 62. NAME | | | |
| STREET ADDRESS | | | | 63. STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Gerhard Ritter DATE: 6/17/96 910-251-0998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)