FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081081 (8)

TECTRAD U. S., INC.

FILED May 01 1997 8:00am Secretary of State

1							
Principal Place of Business Mailing Address					181 BIAN BBAN BBIA 8011	- 11 11 11 11 12 13 14 15 15 15 15 15 15 15	
912 DREW STREET SUITE 104 CLEARWATER FL 36815		912 DREW STREET SUITE 104 CLEARWATER FL 34615-4	912 DREW STREET SUITE 104 CLEARWATER FL 34615-4523				
US		US	US		rated or Qualified	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For 59-3343524 Not Applied		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.		\$9.75 Additional		
22 City & State		27	<u> </u>		5. Certificate of Status Desired Fee Required		
23		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip Country		Country	This corporation has liability for intangible tax under s. 199,032.			
24	25	29	30		Florida Statutes Yes No		
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
LONG, WINT L				" CHAVANNE, PHILIPPE R			
851 LANTANA AVENUE			82 Stree				
CLEARWATER FL 34630			83	82 Street Address (P.O. Box Number is Not Acceptable) 112 DREW STREET # 104			
							·
84 City C					TER		Code 15
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 remiliar with, and agree the colligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, lyped or printed name of registered a	T CHAVANNE, PHIO	If Broistered Apont social	OK.	<u> </u>	.24.97	
12.		ND DIRECTORS	13.			ERS AND DIRECTOR	RS IN 12
TITLE	D	DELFTE	1.1 TITLE	JD .		Change	Addition
NAME	CHAUANNE, PHILIPPE		1.2 NAME	CHAVANIAN 851 LANTAN	UE, PHIL	i PPE	
STREET ADDRESS	851 LANTANA AVE		1.3 STREET ADDRESS 8		A AVE		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-\$1-7IP	CLEARWATE	Etc FL	34630	
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME	2.2 NA		2.2 NAME				
STREET ADDRESS			2.3 STRFF1 ADDRESS			4	
CITY-ST-ZIP			2.4 C(1Y+S1+Z(P				
TITLE		[_] DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP			- Change	- Addition
NAME			4.1 TITLE 4.2 NAME			☐ Change	Addition
STREET ADDRESS							
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP				
TITLE		DELETE	5 1 TITLE			☐ Change	Addition
NAME		_ :-	52 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5 4 CITY-ST-ZIP				
TITLE		DELETE	61 TITLE	<u> </u>		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
				1			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 reserve 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 alachment with an address.