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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000074777**1. Corporation Name

LASERTEC INTERNATIONAL, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90083 048 ***150.00



Principal Place	e of Business	Mailing Address						1 10041 DISH LESI		
265 SUNRISE AVENUE 265 SUNRISE AVENUE SUITE 204 SUITE 204 PALM BEACH FL 33480 PALM BEACH FL 33480							DO NOT WRITE IN THIS SPACE			
ALM SERVITTE SUPPO							3. Date Incorporated or Qualifed			
		·					09/01/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			,	. [4, FEI Number	<u> </u>	pplied For	
75901~	C PEACHTREE D	UNWOODY F	<u>20 </u>	<u> </u>	<u> </u>	\perp	65-0693478		lot Applicable	
Suite, Apt.		Suite, Apt. #, etc.					5. Certifcate of Status Desired	.	Additional Required	
City & State		City & State			-	_	6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees	
Zip	Country	Zip	Cou	ntry		.	8. This corporation owes the current year li			
4/303/	28 25 USA_	29	30				Personal Property Tax.	☐ Yes	No	
	9. Name and Address of Current	Registered Agent					0. Name and Address of New Registere	d Agent		
				81	Name					
MINT	MIRE, DONALD F			82	Street /	Address	(P.O. Box Number is Not Acceptable)			
265 SUNRISE AVENUE										
SUIT	E 204			83			•			
PALN	M BEACH FL 33480			84	City			. 85 Zip	Code ''	
					•		F	LII		
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										
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent	signature re	equired wh	en reinstating) DATE			
12.	OFFICERS AN	3-7	13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECT Change		
TITLE	PRES	DELETE	1,1 111	ILE	ĺ	CFO	• —	[_] Criange	Addition	
NAME ·	MARC ELIE ASSELINEAU			1.2 NAME		<u> JE</u> F	JEAN-MIGHEL GAL			
STREET ADDRESS	1000 W. AVE. PH7						5901-C PEACHTREE DUNWOODY RD			
CITY-ST-ZIP	MIAMI BEACH FL 33134			1.4 CITY-ST-ZIP			ATLANTA GA, 30328			
TITLE	₩ DELETE							Addition		
NAME	GABRIÉL BENSIMON			NAME FOHN ROSATI			,	·		
STREET ADDRESS	660 MADISON AVE 14TH FLOOR			2.3 STREET ADDRESS P.			· 0 BOX 24547 - 1 00 011			
CITY-ST-ZIP	NEW YORK NY 10021		- 2.4 C	ΠY-\$T	- ZIP		ANGELES CH	10021	¥	
TITLE	# ,	DELETE		3.1 TITLE P		PI	CEO/D	Change	e	
NAME	BRUNO DESALEON TERRAS			3.2 NAME		AM	RC EUE ASSELIN	EAU	Ì	
STREET ADDRESS	265 SUNRISE AVE #204			3.3 STREET ADDRESS 10		1000	ow. Ave PHA	00 101	. 1	
CITY-ST-ZIP	PALM BEACH FL 33480		3.4. C	ITY-ST	- ZIP	MI	AMI BEACH FZ	33/31		
TITLÉ	10 10 10 10 10 10 10 10 10 10 10 10 10 1	☐ DELETE	4.1 ∏	TLE		Ð		— Change	e Addition	
NAME		* `	4. 2 N			GAR	BENSIMON			
STREET ADORESS	, ,		4.3 \$1	REET	ADDRESS	66	O MADISON AVE.	14 Pl		
CITY-ST-ZIP			4.4 Cf	TY-ST	ZIP	N	NY 10021			
TITLE	· - • • • • • • • • • • • • • • • • • •	☐ DELETE	5.1 TF	TLE		\triangleright '		<u></u> Change		
NAME			5.2 N/	AME		BRI	INO BE SALEDA 5 SUN RISE AVE & LM BEACH, FL	J	,	
STREET ADDRESS			5.3 S1	REET	ADDRESS	26	5 SUNRISE ANTE	$\#SO_{f}$	<i>+</i> _	
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP	89	LM BEACH, FI	334	03	
TITLE		, DELETE	6.1 TI	TLE				Change	e Addition	
NAME			6.2 N	AME						
CTREET ADDRESS		•	6.3 ST	REET.	ADDRESS					

6.4 CITY-ST-ZIP 14. I 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 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: