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Feb 21, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092622

1. Corporation Name CAMADA USA, INC.



Principal Place of Business 12621 CASTLEMAIN TRL. ORLANDO FL 32828 -Mailing Address 12621 CASTLEMAIN TRL. ORLANDO FL 32828

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/30/1998 4. FEI Number 59 3545 791 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent BARGRASER, JOSE 12621 CASTLEMAIN TRL. ORLANDO FL 32828

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] JOSE BARGRASER DATE 1-6-99

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Row 1: D BARGRASER, JOSE 12621 CASTLEMAIN TRL. ORLANDO FL 32828

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Rows 1-6 for additional officers/directors.

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.

SIGNATURE: [Signature] JOSE BARGRASER 1-6-99 407-273 8810

CR2E034 (11/98)