

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90002 021 ***317.50

DOCUMENT # S12439

1. Corporation Name

MANSUR INDUSTRIES INC.



Principal Place of Business

8305 NW 27TH STREET
SUITE 107
MIAMI FL 33122
US

Mailing Address

8305 NW 27TH STREET
SUITE 107
MIAMI FL 33122
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1990

4. FEI Number

65-0226813

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

MANSUR, PIERRE G.
8425 SW 129TH TERRACE
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

MANSUR, PIERRE G

82 Street Address (P.O. Box Number is Not Acceptable)

8305 NW 27th St #107

83

84 City

MIAMI

FL

85

Zip Code

33122

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSC** ☐ DELETE
NAME **MANSUR, PIERRE G**
STREET ADDRESS **8425 SW 129TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **DCEO** ☐ DELETE
NAME **MANSUR, PAUL I**
STREET ADDRESS **8425 SW 129TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☒ DELETE
NAME **MANSUR, ELIAS F.**
STREET ADDRESS **8425 SW 129TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **JACK, JOSEPH E.**
STREET ADDRESS **3075 CANTERBURY DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE
NAME **HEDBERG, JAN DR.**
STREET ADDRESS **70 BAY COLONY LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **CFO** ☐ DELETE
NAME **SMITH, RICHARD P**
STREET ADDRESS **10904 TEEA OLIVE LANE**
CITY-ST-ZIP **BOCA RATON FL 33498**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D/P/C** ☒ Change ☐ Addition
12 NAME **MANSUR, PIERRE G.**
13 STREET ADDRESS **8305 NW 27th St #107**
14 CITY-ST-ZIP **MIAMI, FL. 33122**

21 TITLE **D/CEO** ☒ Change ☐ Addition
22 NAME **MANSUR, PAUL I**
23 STREET ADDRESS **8305 NW 27th St #107**
24 CITY-ST-ZIP **MIAMI, FL. 33122**

31 TITLE **D** ☐ Change ☒ Addition
32 NAME **KORN, RONALD J**
33 STREET ADDRESS **8305 NW 27th St #107**
34 CITY-ST-ZIP **MIAMI, FL. 33122**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE **D.** ☒ Change ☐ Addition
52 NAME **HEDBERG, JAN**
53 STREET ADDRESS **1792 BAY DRIVE**
54 CITY-ST-ZIP **POMPANO BEACH, FL. 33062-2956**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD P. SMITH

Date

1-7-99

Daytime Phone #

(305) 593-8015

CR2E034 (11/98)