## 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** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90015 005 \*\*\*150.00

DOCUMENT # P98000092622  CAMADA USA, INC.					
Principal Place of Business Mailing Address					I fabither ine inite reter abite abite anne ante carte unte aure vore cen
12621 CASTLEMAIN TRL. ORLANDO FL 32828  12621 CASTLEMAIN TRL. ORLANDO FL 32828					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
					10/30/1998
Principal Place of Business     2a. Mailing Address     25					4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		- <del></del> 1			5. Certifcate of Status Desired Sa.75 Additional Fee Required
City & State City & State 23				,	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip			Countr	у	8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Current		<del></del>		10. Name and Address of New Registered Agent
BARGRASER, JOSE 12621 CASTLEMAIN TRL ORLANDO FL 32828			8: 8: 8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the congagent. I amiltaniliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature.)  OFFICERS AND DIRECTORS  13.				y the corporati s. 2	on's poord of directors. Thereby accept the appointment as registered $I-G-99$
12.		OFFICERS AND DIRECTORS  DELETE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D Bargraser, Jose	beacie	1.1 TITLE 1.2 NAME		
NAME STREET ADDRESS	12621 CASTLEMAIN TRL.			ET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828		1.4 CITY-		
TITLE	ONE WEST E SESSES	☐ DELETE	2.1 TITLE	<del></del>	Change Addition
NAME	2.2 N		2.2 NAME		
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	
TITLE	☐ DELETE 3.1 T		3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	i i	•
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP		Contract	3.4. CITY-		. Change Addition
TITLE		☐ DELETE	4.1 TITLE		, Crisings
NAME			4. 2 NAMI		
STREET ADDRESS			1	ET ADDRESS	
CITY-ST-ZIP TITLE	<del></del>		4.4 CITY- 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		• .
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	:	
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY OF 740			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.