05101999-90161-040-$150.00-$150.00

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90161 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000092865**

1. Corporation Name
AMISK USA, INC.

Principal Place of Business	Mailing Address
1500 SAN REMO AVENUE SUITE 220 CORAL GABLES FL 33146	1500 SAN REMO AVENUE SUITE 220 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 11/02/1998

4. FEI Number: 65-0892577 ☐ 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

9. Name and Address of Current Registered Agent

LUBITZ, ALAN H ESQ.
1500 SAN REMO AVENUE
SUITE 220
CORAL GABLES FL 33146

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D ERIC D.	☐ DELETE	1.1 TITLE	DP	☒ Change ☒ Addition
NAME	ISENBERGH, ERIC D		1.2 NAME	ISENBERGH, ERIC D.	
STREET ADDRESS	1500 SAN REMO AVENUE, Suite 220		1.3 STREET ADDRESS	1500 San Remo Ave, Suite 220	
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-ST-ZIP	Coral Gables, Fl 33146	
TITLE	D	☐ DELETE	2.1 TITLE	DS Director/~~Treas~~ Secretary	☐ Change ☒ Addition
NAME	BROOKS, DON		2.2 NAME	Brooks, Don	
STREET ADDRESS	60 MCGRISKIN ROAD		2.3 STREET ADDRESS	60 McGriskin Road	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M1S5C-5		2.4 CITY-ST-ZIP	Toronto, Ontario, Canada M1S5C-5	
TITLE	D	☐ DELETE	3.1 TITLE	DT Director/Treasurer	☐ Change ☒ Addition
NAME	CHAN, PAUL		3.2 NAME	Chan, Paul	
STREET ADDRESS	60 MCGRISKIN ROAD		3.3 STREET ADDRESS	60 McGriskin Road	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M1S5C-5		3.4 CITY-ST-ZIP	Toronto, Ontario, Canada M1S5C-5	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 REQUIRED ERIC D. ISENBERGH 4/29/99 305 408-3531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EDI