

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P15000042386

**Entity Name:** LIAISON CAN./U.S. LOGISTICS (USA) CORP.

**Current Principal Place of Business:**

9936 COTE-DE-LIESSE ROAD  
MONTREAL, QC H8T 1-A1

**Current Mailing Address:**

9936 COTE-DE-LIESSE ROAD  
MONTREAL, QC H8T 1-A1 CA

**FEI Number: 30-0880079**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EDDIE FERNANDEZ, PA  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: EDUARDO J. FERNANDEZ**

**07/07/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name D'AMOURS, YVES  
Address 21 DE LA CANTINIERE STREET  
City-State-Zip: BLAINVILLE J7C 4-S8

Title DIRECTOR, SECRETARY  
Name GALUPPO, TONY  
Address 21183 EUCLIDE-LAVIGNE STREET  
City-State-Zip: SAINTE-ANNE-DE-BELLEVUE H9X 4-C9

Title DIRECTOR  
Name DE LUCA, MARIA  
Address 230 SPRING GARDEN  
City-State-Zip: DOLLARD-DES-ORMEAUX H9B 1-S6

Title DIRECTOR, VP  
Name DE LUCA, DINO  
Address 2 SNAIR STREET  
City-State-Zip: KIRKLAND H9J 4-A2

Title VP  
Name PEREZ- CODINA, LUIS A  
Address BUILDING 701, SUITE 209  
2360 NW 66TH AVENUE  
City-State-Zip: MIAMI FL 33122

Title VP  
Name SHOIF, GEORGE  
Address BUILDING 701, SUITE 209  
2360 NW 66TH AVENUE  
City-State-Zip: MIAMI FL 33122

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LUIS A. PEREZ- CODINA**

**PRESIDENT**

**07/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date