

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000005087

Entity Name: FORM-ON USA CORP.**Current Principal Place of Business:**429 LENOX AVE
MIAMI BEACH, FL 33139**Current Mailing Address:**429 LENOX AVE
MIAMI BEACH, FL 33139 US**FEI Number:** 82-3963236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SENIOR VICE PRESIDENT, DIRECTOR
Name	FULLER, MICHAEL
Address	429 LENOX AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	CHAIRMAN
Name	HOCHHOLZER, FRANZ
Address	429 LENOX AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	CEO
Name	HALLER, KLAUS
Address	429 LENOX AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	SECRETARY
Name	MICHAEL, BARRESE
Address	214 GATES ROAD
City-State-Zip:	LITTLE FERRY NJ 07643

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: MICHAEL BARRESE**SECRETARY****01/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date