## 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

## DOCUMENT # **F75173**

1. Corporation Name

GAUTIER USA, INC.

Principal Place of Business Mailing Address  1521 W COPANS RD. 1521 W COPANS RD. STE. 109 POMPANO BCH FL 33064-1513  DO NOT WRITE IN T	1841 81811 81811 61811 B	411 41411 1461
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POMPANO BCH FL 33064-1513 POMPANO BCH FL 33064-1513 DO NOT WRITE IN T		
POMPANO BOT PE 330041313	THIS SPACE	
US US 3. Date Incorporated or Qualified		_
04/01/1982		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Apı	olied For
50 0170040	No	Applicable
Suite Ant # etc.	\$8.75 A	dditional
Suite, Apt. #, etc.  5. Certificate of Status Desired   22	Fee Re	quired
- City & State City & State	\$5:00	May Be
23 Trust Fund Contribution	Added to	o Fees
Zip Country Zip Country 8. This corporation owes the current year		_
24 25 29 30 Personal Property Tax.		□No
Name and Address of Current Registered Agent     10. Name and Address of New Register	ered Agent	
81 Name		}
GOSSELIN, EMMANUEL J.  82 Street Address (P.O. Box Number is Not Acceptable)		
1300 SE 121H TEHRACE		
DEERFIELD BEACH FL 33441		
84 City	85 Zip C	ode
Only	<b>51</b>   ' '	
		<del></del>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	se of changing its appointment as req	registered gistered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	ppointment as reg	registered gistered
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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.

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

E.J.GOSSELIN

VP/CEO

(954)975-3303 04-12-99

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90159 029 \*\*\*150.00

☐ Change

Addition