

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90010 004 \*\*\*550.00

**DOCUMENT # F94000002013**

1. Corporation Name

**NUANCE GLOBAL TRADERS (USA) INC.**

Principal Place of Business

1510 SE 17TH STREET  
#200  
FT. LAUDERDALE FL 33316  
US

Mailing Address

1510 SE 17TH STREET  
#200  
FT. LAUDERDALE FL 33316  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/19/1994**

4. FEI Number

**94-3096511**

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.



Yes ☐ No

2. Principal Place of Business

21 **2630 SILKMAN AVE**

Suite, Apt. #, etc.

22 **SUITE 400**

City & State

23 **MISSISSAUGA ONTARIO**

Zip

24 **L4W 5A3**

Country

25 **CANADA**

2a. Mailing Address

26 **2630 SILKMAN AVE**

Suite, Apt. #, etc.

27 **SUITE 400**

City & State

28 **MISSISSAUGA ONTARIO**

Zip

29 **L4W 5A3**

Country

30 **CANADA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAFFLON, RENE</b>	
STREET ADDRESS	<b>RAINSTRASSE 5</b>	
CITY-ST-ZIP	<b>8103 UNTERENGSTRINGEN SW</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAUN, MARKUS</b>	
STREET ADDRESS	<b>STEINACHERSTRASSE 15</b>	
CITY-ST-ZIP	<b>8308 ILLNAU SW</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLER, RUEDI</b>	
STREET ADDRESS	<b>GRABENWEISS 79</b>	
CITY-ST-ZIP	<b>8484 WEISLIGEN SW</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CORNISM, ADRIAN</b>	
STREET ADDRESS	<b>1510 SE 17TH STREET SUITE 200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DERRICK BARNETT</b>	
1.3 STREET ADDRESS	<b>16 SIX PENNY COURT</b>	
1.4 CITY-ST-ZIP	<b>THORNHILL, ONTARIO L3T 4L5 CANADA</b>	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>KARIN WOODHATCH</b>	
4.3 STREET ADDRESS	<b>ERAS WINKEL STR. 7</b>	
4.4 CITY-ST-ZIP	<b>8302 KLOTEN SWITZERLAND</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

**SIGNATURE OF DERRICK BARNETT**

**7/30/1999 (905) 602 6991 EXT 221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (5/99)