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FILED

Jul 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000006706 (3)

1. Corporation Name  
VICARB USA, INC.



Principal Place of Business

Mailing Address

150 PONY DR.  
NEW MARKET, ONTARIO  
CANADA L3Y 7B6  
OC

150 PONY DR.  
NEW MARKET, ONTARIO  
CANADA L3Y 7B6  
OC

INCORPORATED UNDER THE LAWS OF DELAWARE.

2. Principal Place of Business

2a. Mailing Address

21 2330 Success DR.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

00ESSA, FL.

24 Zip

25 Country

29 Zip

30 Country

33556

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/20/1996

4. FET Number

Applied For

59-3414186

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

LEGAL ASSETS, INC.  
1401 BRICKELL AVE., STE. 700  
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DPS  
PATEL, CHANDRAKANT R  
STREET ADDRESS 52 ARTHUR HALL DR.  
CITY-ST-ZIP SHARON, ONTARIO CANADA L0G -1V0

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
FAYOLLE, GERRARD  
STREET ADDRESS RUE DE RIF TRONCHARD  
CITY-ST-ZIP LE FONTANIL CORNILLON FRANCE 38120

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: x

SIGNATURE OF CG: PATEL July 25/97 905-853-2700

CR2E034 (9/96)