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 # **F9700003493**1. Corporation Name

R.B. TEC (USA), INC.

Principal Place of Business

Mailing Address

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90017 038 ***150.00



	3: 380 S STATE RD 434 PRINGS FL 32714	SUITE 1004-116, 380 S ST ALTAMONTE SPRINGS FL		434	DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 07/03/1997	S SPACE		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For	
7	26				<u>59-3452805</u>	N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	•	Additional equired	
City & State City & State				·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Zip Country Zip (25) (29) (30)			R. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐			X .	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered	d Agent /		
	LANDED CANIE			81 Name				
STE	LANDER, DANIEL 1004-116, 380 S. STATE RD (134		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
ALTAMONTE SPRINGS FL 32714				83				
				84 City	F	85 Zip	Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obl.	ite of Florida. Such change was a igations of, Section 607.0505, Flo	uthorize orida Stat	d by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the app	of changing it pintment as r	s registered egistered	
	Signature, typed or printed name of registered in			d Agent signature require	ed when reinstating) DATE			
12.	, 	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
ITLE	P	☐ DELETE 1.17		M.E		Change	Addition Addition	
IAME	,			AME				
TREET ADDRESS STE 1004-116, 380 S. STATE RD 434			1.3 \$	TREET ADDRESS				
XTY-ST-ZIP	ALTAMONTE SPRINGS FL			NY-ST-ZIP				
ITLE	C) DELETE		2.1 T	1		☐ Change	☐ Addition	
iame i			2.2 N	AME)				
TREET ADDRESS	3		2.3 S	TREET ADDRESS				
TTY-ST-ZIP			2.40	CITY-ST-ZIP				
ITLE	☐ DELETE :			ITLE		Change	Addition	
IAME			3.2 N	AME				
TREET ADDRESS	DORESS		3.3 S	TREET ADDRESS				
STY-ST-ZIP	<u> </u>		3.4.0	CITY-ST-ZIP				
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ity-st-zip			4.4 C	ITY-ST-ZIP				
ITLE		☐ DELETE	5.1 T	ME		Change	Addition	
IAME			5.2 N	AME				
TREET ADORESS			5.3 S	TREET ADDRESS				
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TILE		DELETE	6.1 T	MLE		Change	Addition	
IAME			6.2 N	AME				
TREET ADDRESS			6.3 S	TREET ADDRESS				
			640	ITY-ST-ZIP	i .			
ITY-ST-ZIP	ì		0.40	***************************************				

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.

SIGNATURE: