FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005559 (6)

PIERRE AMELOTTE INTERNATIONAL (U.S.A.) INC.

Principal Place of Business Mailing Address 812 PROCTOR AVE. OGDENSBURG NY 13669 812 PROCTOR AVE.

FILED Mar 04 1998 8:00am Secretary of State



COCENODORO III 10005		CODENSOUND HT 13009			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a. Mailing Add	2247			10/21/1997 4. FEI Number		A - No d P-	
न		<u>├</u>	26			16-1515049	\vdash	Applied For Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5 Additional	
2		27	27			5. Certificate of Status Desired	T	Required	
City & State	0	City & State	City & State			6. Election Campaign Financing	\$5.0	00 May Be	
3	28					Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Co	untry	,	8. This corporation owes or has paid the curr	rent year	Intangible	
4	25	29	30	,			Yes	12 (%)	
	9. Name and Address of Cui	rrent Registered Agent		1_		10. Name and Address of New Registered	Agent		
	TMAN, PAUL B			81	Name				
	W. FLAGLER ST., STE. 1000				82 Street Address (P.O. Box Number is Not Acceptable)				
MA	MI FL 33130			83					
				63					
				84	City	FL	85 Z	ip Code	
11 Purcuant	In the provisions of Sections 607.	0502 and 607 1509. Flori	do Ctatutas the s	<u></u>		poration submits this statement for the purpose of	بلبا		
office or re agent. I ar	egistered agent, or both, in the St m familiar with, and accept the ot	tate of Florida. Such char bligations of, Section 607.	ige was authorize 0505, Florida Sta	d by	the corporati	ion's board of directors. I hereby accept the appointment of the companion	ointment	as registered	
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable	(NOTE Registers	ed Age	int signature require	red when reinstaling) DATE			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	P	☐ D£	LETE 1.1 T	ITLE			☐ Chang	e Addition	
NAME	AMELOTTE, PIERRE		1.2 N	IAME					
STREET ADDRESS	344 GLADSTONE		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	OTTAWA, ON K2P OY8 CA	ANADA	1.4 0	my-s	T-ZIP				
TITLE		□ DE	LETE 2.1 T	ITLE	1		Chang	e Addition	
NAME			2.2 h	AME					
STREET ADDRESS			2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				CITY-5	ST-ZIP	4.1 65			
ULTE		☐ OE	ELETE 3.1 T	ITLE			Chang	e Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CFTY-ST-ZIP				CITY-S	ST-ZIP				
TITLE		☐ DE	LETE 4.1 T	ITLE			☐ Change	e [] Addition	
NAME			4.21		1 .				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP				ITY-S	r-zip				
ITLE		☐ DE					L Change	Addition	
VAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ DÉ		ITY - S	I-ZIP	<u> </u>		a dedicts -	
							☐ Change	e Addition	
NAME STREET ADDOCCC			6.2 N					.	
STREET ADDRESS					ADDRESS			ļ	
CETY - ST - ZIP			6.4 C	ITY - ST	r-ZIP			1	

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 suppliemental 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:

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.