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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90235 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F98000005663

1. Corporation Name
RETUSA, INC.

Principal Place of Business

Mailing Address

1600 RUE JEAN-LACHAINE
 STE-CATHERINE, QUEBEC
 CANADA JOL 1E0

1600 RUE JEAN-LACHAINE
 STE-CATHERINE, QUEBEC
 CANADA JOL 1E0

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1998

2. Principal Place of Business

2a. Mailing Address

21 1584 rue Jean-Lachaine

26 1584 rue Jean-Lachaine

4. FEI Number

52-2022535

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Ste-Catherine, Québec

28 Ste-Catherine, Québec

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

24 JOL 1E0 25 Canada

Zip

Country

29 JOL 1E0 30 Canada

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
 4521 PGA BLVD. #211
 PALM BEACH GARDENS FL 33418

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 CP DELETE
 NAME WIEBE, AL
 STREET ADDRESS 43 ILE BARWICK, PIERREFONDS, QUEBEC
 CITY-ST-ZIP CANADA H8Z 3A1

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE CV DELETE
 NAME HEBERT, DENIS
 STREET ADDRESS 28 PLACE D/AVIGNON, CANDIAC, QUEBEC
 CITY-ST-ZIP CANADA J5R 5R3

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DS DELETE
 NAME LEGAULT, JEAN
 STREET ADDRESS 137, BOUL.BORD DE L'EAU, GRANDE-ILE
 CITY-ST-ZIP VALLEYFIELD QUEBEC CANADA J6S -4V3

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

AL Wiebe
 AL Wiebe, president
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26 1999

888-635-5411

Date

Daytime Phone #

CR2E034 (11/98)