

FLORIDA DEPARTMENT OF STATE Katherine Harris.

Secretary of State DIVISION OF CORPORATIONS

| FILED | 192 |
|-----------------------------------|--------|
| SECRETARY OF STATALLAHASSEE, FLOR | RIDA U |

01 00T 30 PH 2: L1

| DOCUMEN 1. Corporation Nat | NT # F9900001187 | | | | | | | | 0100100 | C. 41 |
|--|---|-------------------|---------------------|-------------------------|-------------|------------------|-------------------|-------------------|--|--|
| SULTEC USA, INC. | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | ٠. | | | • | | | 00-01 |
| | | | | | | | | | 3. Date Incorporated or Qualified 3a. | Date of Last Report |
| | | | | | | | | | 3/2/1999 | • |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | | | 4. FEI Number | A D. d Fee |
| 14 037 2 1 4 | | | | • | | | | | 65-0881942 | Applied For |
| <u> </u> | rvenae | | 26 John Sullivan | | | | | | 03-0881942 | Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 City & State | | | City & Case | | | | | | *** | ree Required |
| 23 Miami FL | | <u> </u> | City & State 28 FL | | | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 33130 | County 25 Miami-Dade | Zip | 33161 | County 30 Miami-Dade | | | de | | 8. This corporation has liability for inte s. 199.032, Florida Statutes Yes | |
| | ame and Address of Current Re | 12/ | | [30] ² | 7 | | | 10 N | ame and Address of New Registered | |
| | | BESTOT | - rigent | | - | Nai | | 10.14 | ame and Address of New Registered | Agent |
| George Brown | , | | | | " | ·• I | | Creati | ions Network Inc. | |
| 14 SW 2nd Aver | nue | | | | 8 | 32 Stre | et Addres | ss (P.C | D. Box Number is Not Acceptable) | |
| Miami, FL 3313 | 30 | | | | ٠ | 941 | Fourth | Stree | et #200 * | |
| | | | | | 8 | 33 | | | • | |
| | | | | | 8 | City Mi | ami Bead | ch | | Code 139 |
| 11. Pursuant to the provisions of Sections 607.1508 Florida Statutes, the above-nan or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State of Fl | | | | | by Stati | the con utes. | rporation' | omits t s boar | this statement for the purpose of changing of directors. I hereby accept the appearance of the appeara | ng its registered office ointment as registered |
| SIGNATURE Sinn | lature, typed or printed name of registered | 2 - 1 | Randy A. Ferna | | | | | | 10/18/2001 | 4,44 |
| 12. | OFFICERS AND DIREC | | | 13. | | E: Kegis | | | re required when reinstating) DATE CHANGES TO OFFICERS AND DIR | ECTOPS IN 12 |
| TITLE | DPST | 7 | DELETE | _ | TITI | I F | | 10110 | | Change Addition |
| NAME | John Sullivan | | 厂 | | NA | | . | | 600004663 | |
| STREET ADDRESS | 14 SW 2nd Avenue | | 1.3 | 1.3 STREET ADDRESS | | | -11/01/0101068003 | | | |
| CITY-ST-ZIP | Miami FL 33130 | | DELETE | | | Y-ST-Z | CIP | | *****300 <u>.</u> 40 | ****\$0000 |
| TITLE NAME | | | ☐ DELETE | 4 | TITI | | | | <u></u> | Change ' Tracention' |
| STREET ADDRESS | | | | | NAI STR | | DDRESS | | | |
| CITY-ST-ZIP | | | | | | Y-ST-2 | | | | |
| TITLE | | | ☐ DELETE | 3.1 | TITI | LE | | | | Change 🔲 Addition |
| NAME STREET ADDRESS | • | | | | NAI | | | | | |
| CITY-ST-ZIP | • | | | | | Y-ST-Z | DDRESS | | | |
| TITLE | | | DELETE | | TITI | | | | | Change Addition |
| NAME | | | | | NA! | | | | _ | - |
| STREET ADDRESS | • | | • | 1 | | | DDRESS | | | |
| CITY-ST-ZIP | | | DELETE | | | Y-ST-Z | IP . | _ | | Ohaman Addition |
| NAME . | | | | | TITL NAI | | | | | Change |
| STREET ADDRESS | | | | | | | DDRESS | | - | |
| CITY-ST-ZIP | | | | | | Y-ST-Z | | | | |
| TITLE | | | ☐ DELETE | 6.1 | TITL | LE | | | | Change Addition |
| NAME | | | | | NAM | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | • | | | REET A Y-ST-Z | DDRESS | | | |
| | tify that the information supplied v | vi tt7 thi | is filing does not | oualif | v fo | r the er | kemption s | stated | in Section 119.07(3)(i), Florida Statute | s I further certify that |

14. 1 do 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 17, or on attachment with an address.

SIGNATURE

SIGNATURE

John Sullivan, President by R.A. Fernandez as attorney-in-fact 10/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: SULTEC USA, INC.

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. 300 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

Name: John Sullivan

Title: President
Date: 10/17/2001