

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003689

1. Entity Name
DURATEX NORTH AMERICA, INC.



Principal Place of Business
1208 EASTCHESTER DRIVE, SUITE 202
HIGH POINT, NC 27265

Mailing Address
1208 EASTCHESTER DRIVE, SUITE 202
HIGH POINT, NC 27265



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-2899570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	PAULO SETUBAL NETO
STREET ADDRESS	AV PAULISTA 1938
CITY-ST-ZIP	SAO PAULO, BRAZIL 01310-200,
TITLE	DV
NAME	PLINIO DO AMARAL PINHEIRO
STREET ADDRESS	AV PAULISTA 1938
CITY-ST-ZIP	SAO PAULO, BRAZIL 01310-200,
TITLE	D
NAME	WIKSTROM, GARY G
STREET ADDRESS	1208 EASTCHESTER DRIVE SUITE 202
CITY-ST-ZIP	HIGH POINT, NC 27265
TITLE	ST
NAME	KUSIAK, PHILP F
STREET ADDRESS	1208 EASTCHESTER DRIVE, SUITE 202
CITY-ST-ZIP	HIGH POINT, NC 27265
TITLE	S
NAME	MANUBENS, ENRIQUE J
STREET ADDRESS	AV PAULISTA 1938
CITY-ST-ZIP	SAO PAULO, BRAZIL, 01310200
TITLE	T
NAME	DE OLIVEIRA NETO, RAUL P
STREET ADDRESS	AV PAULISTA 1938
CITY-ST-ZIP	SAO PAULO, BRAZIL, 01310200

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04/27/04-80013-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip F. Kusia

3-5-04

336-885-1500