

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399
Secretary of State
Tallahassee, FL 32399-0400

APPROVED
AND
FILED

55 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G90994**

(6)

To: Corporation Name

ILVER RACINE U.S., INC.

Principal Office Location

**% CLAUDE RACINE
2787 N.E. 5TH ST.
POMPANO BCH. FL 33062**

Mailing Address

**% CLAUDE RACINE
2787 N.E. 5TH ST.
POMPANO BCH. FL 33062**

DATE OF NEXT REPORT (SEE INSTRUCTIONS)

3. Date of Report (If Applicable) **02/15/1994** 3a. Date of Last Report **06/14/1994**

4. FID Number **59-2370114** Applied For ☐ Not Applicable ☐

5. Certificate of Status Document ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financial Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. Do you corporation have subject for adequate tax under S. 199.032, Florida Statute ☐ Yes ☒ No

2. Director/President/Officer	2a. Mailing Address
21. Name	26. Name
22. Title	27. Title
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**LABOSSIERE MARC CPA
2500 HOLLYWOOD BLVD
SUITE #415
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83. City
84. State
85. Zip Code

11. I, the undersigned, in the presence of Section 199.032 and 199.033, Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office location to report on 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 aware of and accept the obligation of the below cited Florida Statutes.

Signature of Agent

Signature of Registered Agent (If Different from Above)

Signature of Registered Agent (If Different from Above)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
1. Name P RACINE, CLAUDE	1. Name
2. Title 2787 N.E. 5TH ST.	2. Title
3. City POMPANO BCH. FL	3. City
4. State	4. State
5. Zip	5. Zip
6. Name	6. Name
7. Title	7. Title
8. City	8. City
9. State	9. State
10. Zip	10. Zip
11. Name	11. Name
12. Title	12. Title
13. City	13. City
14. State	14. State
15. Zip	15. Zip
16. Name	16. Name
17. Title	17. Title
18. City	18. City
19. State	19. State
20. Zip	20. Zip

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and ready for the registration stated on this form. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on additional report with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95

(305) 782-9420