

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0045508

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # J73055
1. Corporation Name
AMERICAN SURFACE TECHNOLOGIES INTERNATIONAL, INC

Principal Place of Business
7695 SW 104 STREET
SUITE 210
PINECREST FL 33156

Mailing Address
7695 SW 104 STREET
SUITE 210
PINECREST FL 33156

99 JUL 29 PM 2:24



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 355 BURRARD STREET
Suite, Apt. #, etc.
22 STE. 1000
City & State
23 VANCOUVER, B.C.
Zip 16C 2G8 Country
24 47N 207 25 CANADA 29 30

2a. Mailing Address
26 SAME AS IN (2.)
Suite, Apt. #, etc.
27
City & State
28
Zip Country

3. Date Incorporated or Qualified
05/14/1987

4. FEI Number
59-2822017
Applied For
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent
KUPERMAN, MARC A. ESQ.
7695 SW 104 STREET
SUITE 210
PINECREST FL 33156

10. Name and Address of New Registered Agent
81 Name
C T CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
83
84 City
PLANTATION FL 85 Zip Code
33324

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: Jack Caskey Asst VP 7-28-99
Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	KUPERMAN, MARC A	7695 SW 104 STREET	PINECREST FL 33156	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
P/D	RALPH SCOBIE	5747 GROUSEWOODS CRESCENT	NORTH VANCOUVER, B.C. V7R 4V8 CANADA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/D	LES ARDUINI	3626 RUTHERFORD CRESCENT	NORTH VANCOUVER, B.C. V7N 2C7 CANADA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: Les Arduini, Sec. 25/99 604-608-1228
Date Daytime Phone #

R2E034 (5/99)