

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morikane
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L88947**

(1)

1. Corporation Name

MATTHEW U.S.A., INC.



Principal Place of Business

**2901 VISTA MAR ST
FT LAUDERDALE FL 33304-4017**

Mailing Address

**2901 VISTA MAR ST
FT LAUDERDALE FL 33304-4017**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/25/1990

3a. Date of Last Report

01/27/1995

4. FEI Number

59-4124984

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 has liability for intangible tax under S. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**TASSE, PHILIPPE
2901 VISTA MAR STREET
PEMBROKE PINES FL 33026**

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 607.0508, 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 607.0503, Florida Statutes.

SIGNATURE

(Signature of person authorized to file this statement)

(Signature of New Registered Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE

**PTD
TASSE, PHILIPPE
2901 VISTA MAR STREET
FT LAUDERDALE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**VPSD
TASSE, MARGOT
2901 VISTA MAR STREET
FT LAUDERDALE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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☐ DELETE

NAME

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CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 it makes 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:

Philippe Tasse
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 954-564-8468
Date and Telephone Number

CR2E034 (12/95)