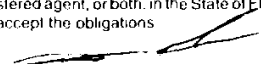
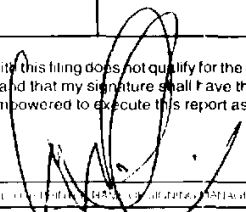


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company CORRUPAL, L.C.		DOCUMENT # L98000000302	
2. Principal Place of Business SAME Suite, Apt. #, etc. City & State Zip 33304 Country USA		2a. Mailing Address 1222 N.E. 4th AVENUE Suite, Apt. #, etc. City & State FT-LAUDERDALE, FL Zip 33304 Country USA	3. Date Organized or Qualified 3/11/98 4. FEI Number 65-0813341 5. Date of Last Report 6. Certificate of Status Desired ☐ \$6.75 Additional Fee Required ☐
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office Name MARC LABOSSIERE Street Address (P.O. Box Number is Not Acceptable) 1222 N.E. 4th AVENUE Suite, Apt. #, etc. City FT LAUDERDALE FL Zip Code 33304	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations. SIGNATURE  MARC LABOSSIERE DATE 8/23/99 (If the filer is a foreign person, the filer must sign and attach a certified translation of the signature.)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
PRES	YVAN QUIRION	66 VEILLETTE STREET	ST CONSTANT, QUEBEC JOL 1G0
11. I, the filer, 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attached sheet with an address. SIGNATURE:  YVAN QUIRION 954-763-4214			