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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP -7 PM 1:45

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000000302

CORRUPAL, L.C.

1a. Principal Place of Business Address
1222 N.E. 4th AVENUE
FORT LAUDERDALE, FL33004

2 Principal Place of Business	2a. Mailing Address
SAME	1222 N.E. 4th AVENUE
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State: FT-LAUDERDALE, FL
Zip: 33304 Country: USA	Zip: 33304 Country: USA

3. Date Organized or Qualified: 3/11/98
3a. State of Formation: FLORIDA
4. FEI Number: 65-0813341 ☐ Applied For ☐ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired: $8.75 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 [signature] MARC LABOSSIERE DATE 8/23/99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
PRES	YVAN QUIRION	66 VEILLETTE STREET	ST CONSTANT,QUEBEC JOL 1G0

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****588.75 ****588.75

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11. 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 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 attachment with an address.

SIGNATURE: [signature] YVAN QUIRION 954-763-4214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

INHSF10 R(12/98)