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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** M92325

(3)

BRANDTS	HIP USA, INC.				
Principal Place of Business  1901 S. ANDREWS AVENUE FORT LAUDERDALE FL 33316		Mailing Address  1901 S. ANDREWS AVENUE 1107 SE 4TH AVENEU		A I Maradan usa a sun visas a una visas	
ŲS		FORT LAUDERDALE FL 333 US	10	3. Date Incorporated or Qualified 08/03/1988	Date of Last Report 03/01/1995
. Principal Place	of Business	2a. Mailing Address 26 1901 S. Andre	ws Avenue	4. FEI Number 13-2701294	Applied For Not Applicable
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State Ft. Lauderdal	le, Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
] Zip	Country	710	Country Broward	8. This corporation has liability for intanging Florida Statutes	No
l	9. Name and Address of Currer			10. Name and Address of New Regist	ered Agent
			81 Name		
Brandt, Krister			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
1901 S. A	ndrews avenue		83		
FORT LAU	IDERDALE FL 33316				85 Zip Code
			84 City	poration submits this statement for the purpose pard of directors. I hereby accept the appointm	
SIGNATURE.		ND DIRECTORS	Registered Agent signature req	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12  Change Addition
THLE	DP	□ DELFTE	1 1 11TLE	D/P/T Brandt, Krister	W ourside Filters
4AMF	BRANDT, KRISTER	<u>:</u>	1.2 NAME 1.3 STREET ADDRESS	1901 S. Andrews Avenue	
SEELL ADDRESS	1901 S. ANDREWS AVENUE FT LAUDERDALE FL	•	14 CHY-ST-ZIP	Ft. Lauderdale, FL 3331	6
DIN - ST - ZIP HGLE	DT CAUDEMONES IS	DELETE	2 1 TITLE	D/V	Change Addition
AMI	BRANDT, MAY		2 2 NAMÉ	Ambrose, Samuel	
SEREET ADDRESS	1901 S. ANDREWS AVENUE	•	2 3 STREET ADDRESS	1901 S. Andrews Avenue	
CITY ST-ZIE	FT LAUDERDALE FL	T DELETE	2 4 CITY - ST · ZIP 3 1 TITLE	Ft. Lauderdale, FL 3331	Change Addition
11116		_ better	32 NAME		
NAMI STREET ADDRESS			33 STREET ADDRESS		
C:TY ST-ZiP			3.4 CITY - S1 - ZIP		Change Additi
104f		☐ DELETE	4 1 TITLE		
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			44 CITY-ST-ZIP		-
CHY:ST_ZP		DELETE	5 1 TITLE		Change Madditi
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C. 14 - S1 - 7-P		TI DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		☐ Change ☐ Addit
TILLE			62 NAME		
SAME			63 STREET ADDRESS		
STREET ADDRESS					man First Contain 18 and
certify the	at the Mormanon indicated our rule of	the second of the reconstructor	shed and does not quual report is true and a	Alfy for the exemption stated in Section 119.07 courate and that my signature shall have the sate this report as required by Chapter 607, Floridation in the sate of the sate	(3)(k), Florida Statutes. I furthe me legal effect as if made und da Statutes; and that my nam
appears i	t Lam, an officer or director of the so in Block 12 or Block 13 it manest	or on an ettachment with an addr	ess.	1/30/96	954-525-883

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #