192

FOR PROFIT CORPORATION 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P020000 91862

MECHPIPE USA, INC.

SIGNATURE:



SECRETARY OF STATE DIVISION OF CORPORATIONS

04 MAY -5 AM 8: 00

3/4/00

2. Principal Place of Business 30. L. 4th Avenue Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Country 20. 33441 Street Aodress (P.O. Box Number is Not acceptable) IN THIS SPACE 13. Marie Gallace of Florida I am torriblar with and accept the obligations of registered agent. Or both, in the State of Florida I am torriblar with and accept the obligations of registered agent. SIGNATURE SIGNATURE 13. Marie Gallace 14. Avenue City Dear Lett Avenue SIGNATURE 13. 14. 00 or Feel's \$55.000 Atter May 1, Feel's \$55.000 Amended UBR is \$81.25 Amended UBR is \$80.00 City Si 20 City Dear Lett Avenue Signature City Dear Lett Avenue Cit
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Name G: Language IN: THIS SPACE Street Address (P.O. Box Number is Not acceptable) 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with, and accept the obligations of registered agent. The state of Florida is an familiar with and accept the obligations of registered agent. The state of Florida is an familiar with and accept the obligations of registered agent. The state of Florida is an familiar with and accept the obligations of registered agent. The state of Florida is an familiar with and accept the obligations of registered agent. The state of Florida is an familiar with and accept the obligations of registered agent. The state of Florida is an familiar with and accept the obligations of registered agent. The state of Florida i
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or of drains of registered agent and site if applicable. United Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS TITLE MAME STREET ADDRESS GITY-ST-ZIP Deor Yell A Brown And Area (City ST-Zip) SIRRET ADDRESS STREET ADD
Uanuary May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61:25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 111.
TITLE NAME STREET ADDRESS 130 NE LYD Avenue CITY-ST-ZIP Dear rela Brach, F.L. 33441 CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS THE THE NAME STREET ADDRESS THE THE NAME STREET ADDRESS THE THE THE NAME STREET ADDRESS THE
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NAME SIPEET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 treated empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or on an

Mechpipe USA, Inc. 130 N.E. 4th Avenue Deerfield Beach Florida 33441

April 26, 2004

The Department of State Division of Corporations Tallahassee Florida

Dear Sirs:

RE: MECHPIPE USA, INC. P02000091862

We changed our address in December f 2002 and filled out the relevant address change forms at the post office.

However, we never received the Annual Corporate Renewal form through the mail and only after our CPA asked us this month if we had paid the bill did we realize that the payment had not been made. We would appreciate it if you would accept the enclosed check for \$ 300.00 which will include the fees for 2003 and 2004 and also abate the penalty.

We applogize for any inconvenience caused.

Sincerely,

-W.-Larney (Pres)