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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000014030

EVETS PRODUCTS AMERICA CORPORATION

	<u> </u>							
Principal Place of Business		Mailing Address	Mailing Address					
1561 CONGRES	SS AVENUE	10920 BISCAYNE BLVD).					
SUITE 168		MIAMI FL 33161	MIAMI FL 33161		DO NOT WRITE IN THIS SPACE			
DELRAY BEACH FL 33445-6325 US					3. Date Incorporated or Qualifed			
00					12/21/1992			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For	-=-
21		26	26		65-0379848	Not	Applicable	*3
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		1
22	_	27			3. Certificate of Status Desired	Fee Red	quired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 (ı
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		□No	
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registere			
	9. Name and Address of Cu	irrent Registered Agent		31 Name	10. Name and Address of New Registers	Agent	***	
DUR	JOFF, KENNETH R							
	20 BISCAYNE BLVD	•		32 Street Add	dress (P.O. Box Number is Not Acceptable)			
	MI FL 33161		1	33	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	र हिंदि सि	11.155146	
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				34 City	Fag win act there were re	- 1		
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida St	atutes, the ab	ove-named cor	poration submits this statement for the purpose	of changing its	egistered	
office or n	registered agent, or both, in the S	state of Florida. Such change w	as autnorized	by the corporat	tion's board of directors. I hereby accept the app	willing it as reg	istorou	
agent la	im:tamiliar with, and accept the G	bligations of Section by Autor.	, Fiorida Statui	es.				
	K 2000 J D	bligations of, Section 607.0505,	, Florida Statui	es.	1-	13-99		
SIGNATURE	Kengeth Signature, typed or printed name of registere	(Huboth			red when reinstating). DATE	13-99		(8)
	Signature, typed or printed name of registere	d agent and title if applicable. (I	NOTE: Registered A	gent signature requi	ADDITIONS/CHANGES TO OFFICERS			1/98)
SIGNATURE	Signature, typed or printed name of registere OFFICERS	d agent and title if applicable.	NOTE: Registered A	gent signature requi		AND DIRECTOR Change	RS IN 12	(11/98)
SIGNATURE	Signature, typed or printed name of registere OFFICERS PD GOODING, CRAIG	d agent and title if applicable. (I	NOTE: Registered A	gent signature requi	ADDITIONS/CHANGES TO OFFICERS			134 (11/98)
SIGNATURE 12.	Signature, typed or printed name of registere OFFICERS PD GOODING, CRAIG 1738 PRIMROSE LANE	A DUBO ++ polyagent and title if applicable. (I S AND DIRECTORS DELETE	NOTE: Registered A 13. 1.1 TITL 1.2 NAM	gent signature requi	ADDITIONS/CHANGES TO OFFICERS			2E034 (11/98)
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14. 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 or suppliemental annual 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90015 019 ***150.00