2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P93000016194 Apr 19, 2000 8:00 am 1. Entity Name Secretary of State SOTER U.S.A., INC. 04-19-2000 90103 034 ***158.75 Principal Place of Business Mailing Address 8890 W OAKLAND PARK 8890 W OAKLAND PARK STE 201 STE 201 SUNRISE FL 33351-7221 SUNRISE FL 33351 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0403997 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOTTE, JOHN F ESQ. Street Address (P.O. Box Number is Not Acceptable) 2400 E. COMMERCIAL BLVD. #826 FT LAUDERDALE FL 33308 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition TITLE Delete HOTTE, PIERRE NAME NAME STREET ADDRESS 15 RUE BOIS-DE-DELSON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELSON QUEBEC CANADA** ☐ Change ☐ Addition 🔽 Delete TITLE TITLE HOTTE, PAUL A NAME NAME STREET ADDRESS 1439 S OCEAN BLVD #307 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Dèlete TITLE TITLE ANIEL HOTTE 201-8890 W. DAKLAND PK BLOD GIGUERE, JOSEPH NAME NAME 8120 BLVD DE ST LAURENT #1101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **BROSSARD QUEBEC CANADA** CITY-ST-ZIP Delete TITLE TITLE NAME RANG ST. - ELZEAR EST. STREET ADDRESS STREET ADDRESS CANADA HIE 4PZ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME RANG ST. - ELZEAR EST. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not quarfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, which all other like appowered.