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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000018912 (4)**

1. Corporation Name

ULTIMATE TRANSEX USA, INC.

Principal Place of Business	Mailing Address
410 76TH ST APT 1 MIAMI BEACH FL 33141	9301 E BAY HARBOR DR STE 1 BAY HARBOR ISLAND FL 33154 US

3. Date Incorporated or Qualified: 03/12/1993	3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0397192	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 9049 BYRON AV	26 9049 BYRON AV
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: SURFSIDE FL	28 City & State: SURFSIDE FL
24 Zip: 33154 25 Country: DADE	29 Zip: 33154 30 Country: DADE

9. Name and Address of Current Registered Agent

MEDIRN, JOSHUA D
75 VALENCIA AVENUE
SUITE 900
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: DIMITRI GAUQUIER
82 Street Address (P.O. Box Number is Not Acceptable): 9049 BYRON AVENUE
83
84 City: SURFSIDE FL 85 Zip Code: 33154

11. Pursuant to the provisions of Sections 607.0502 and 607.150(8), Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DIMITRI GAUQUIER DATE: 04-20-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUQUIER, DIMITRI D. 410 76TH ST APT 1 MIAMI BEACH FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P GAUQUIER DIMITRI D. 9049 BYRON AV SURFSIDE FL 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROGNAUX, DANIELLE 410 76TH ST APT 1 MIAMI BEACH FL 33141	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V ~~GAUQUIE~~ BROGNAUX DANIELLE 9049 BYRON AV SURFSIDE FL 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	400001800574 -04/30/96--01017--002 ***208.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	AGB 4-28-96	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplemental 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.

SIGNATURE: D 04-20-96 868.7212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GAUQUIER, DIMITRI