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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P93000088399 (9)**

1. Corporation Name
TUDOREX (USA), INC.

Principal Place of Business	Mailing Address
C/O CONLEY & BAKER CHARTERED 5600 TRAIL BLVD NAPLES FL 33940	C/O CONLEY & BAKER CHARTERED 5600 TRAIL BLVD NAPLES FL 34108-2660

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business
21 C/O SWOPE, LAMBERSON & GUILKEY
Suite, Apt. #, etc.
22 4501 TAMIAMI TRAIL NORTH BARNETT CENTER #204
City & State
23 NAPLES, FL
Zip 24 33940 Country 25 USA

2a. Mailing Address
26 C/O SWOPE, LAMBERSON & GUILKEY
Suite, Apt. #, etc.
27 4501 TAMIAMI TRAIL NORTH BARNETT CENTER #204
City & State
28 NAPLES, FL
Zip 29 33940 Country 30 USA

4. FEI Number: 65-0461047 ☐ 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

9. Name and Address of Current Registered Agent

CONLEY, DAN
C/O CONLEY & BAKER CHARTERED
5600 TRAIL BLVD
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: LAMBERSON JANE, SWOPE, LAMBERSON & GUILKEY
82 Street Address (P.O. Box Number is Not Acceptable): 4501 TAMIAMI TRAIL NORTH
83 BARNETT CENTER #204
84 City: NAPLES FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: Jane E Lamberson 2-13-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REES, DEREK	1.2 NAME	
STREET ADDRESS	2120 HARLANS LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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: 3/10/97 941-649-4329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #