PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000054474**

1. Corporation Name

LPG USA, INC.

May 05, 1999 8:00 am Secretary of State 05-05-1999 90070 045 ***150.00



Principal Place	e of Business	Mailing Address						
3101 N FEDERA	AL HWY	3101 N FEDERAL HWY						
SUITE 301		STE #301			DO NOT WRITE IN THIS SPACE			
FT LAUDERDALE FL 33306		FORT LAUDERDALE FL 33306			3. Date Incorporated or Qualifed			
บร		U\$			• • • • • • • • • • • • • • • • • • •			
					07/14/1995 4. FEI Number		1 1 4	nation For
2. Principal Pl	lace of Business	2a. Mailing Address			· · ·			opplied For
21		26		<u></u>	65-0600974			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional Required
22		27				., ,,		
City & State	e	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the cur	rent year Inta	ingible X Yes	□No
24	25	29 30	<u> </u>		Personal Property Tax.	5		
	9. Name and Address of Curren	nt Registered Agent	0.4		10. Name and Address of New	Registerea /	Agent	
	OUO IDA		81	Name				
	CUS, IRA	07F 400	82	Street /	Address (P.O. Box Number is Not Accept	able)		
l	EAST LAS OLAS BOULEVARD, S	SIE 200						
	E 1900		83	·				
FOR	T LAUDERDALE FL 33301		0.4	-			85 Zip	Code
`			84	City		FL	03 21	Code
11 Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this statement for the	purpose of	changing i	ts registered
office or n	pointered agent or both in the State.	of Piorida. Such change was auth	iorized by	tne corbu	pration's board of directors. I hereby acce	pt the appoir	ntment as i	registered
agent. i a	m familiar with, and accept the obliga	igons of, Section 607.0305, Florida	a Statistes	· .				
l								
SIGNATURE	Staneture based or printed name of registered agent	nt and little if applicable. (NOTE: Re	cistered Age	nt signature n	equired when reinstating)	DATE		
	Signature, typed or printed name of registered age			nt signature n	equired when reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: Re ND DIRECTORS	distered Age	nt signature r	equired when reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE	nt signature n	ADDITIONS/CHANGES TO OF			ORS IN 12
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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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP