LE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 12 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DCUMENT # P95000063296

1. Corporation Name
PAV-TEK USA, INC.

Principal Place of Business	Mailing Address
5200 NORTH FEDERAL HIGHWAY SUITE 2 FT. LAUDERDALE FL 33308	5200 NORTH FEDERAL HIGHWAY SUITE 2 FT. LAUDERDALE FL 33308

8/11/99 900603 015 **158.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/14/1995

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number
65-0857038
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired **X** **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRIVELLI, HENRY A
1505 NORTH RIVERSIDE DRIVE, #601
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRIVELLI, HENRY A		1.2 NAME		
STREET ADDRESS	1505 NORTH RIVERSIDE DRIVE, #601		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		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		

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: Tel: 781-933-9900 8/25/99 Henry Crivelli President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

KE

R. J. Antonelli and Company
INCORPORATED
ACCOUNTANTS AND AUDITORS
ROCCO J. ANTONELLI, C.P.A.
781 937-9300
FAX 781 937-9309

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AFFIDAVIT

I, HENRY A. CRIVELLI, President and Treasurer of PAV-TEK USA, INC. do hereby certify that the following are true facts to the best of my knowledge and belief relative to the late filing of the Florida Profit Corporation 1999 Annual Report.

I believe that the following statements are extenuating circumstances and reasonable cause and we are requesting that the late filing fee be abated and that you accept the regular fee enclosed herewith, plus the $8.75 for a Certificate of Status.

On March 1, 1999, I injured myself in my spine, rupturing a disc. I visited Dr. Alan Gittman in Florida, who put me on medication and treated me for several weeks before I had an MRI at the Northridge Surgery Center in late March. Throughout April, I received treatment and then came to Boston to be with my Family, where I was further treated by a Chiropractor in the Boston area.

I was receiving spinal injections throughout March and April, taking pain medication and muscle relaxers just to be able to walk. I was hardly able to do any corporate work and had left all of my documents in Florida.

PAV-TEK USA, INC., at this point in time, is a one-man Company ... **me,** but I have part-time assistance in Florida. We obtained Extensions to File Corporation Tax Returns and all of the Corporation records and mail were only just sent to me in Massachusetts.

We just filed the Corporation Tax Returns, which is a loss for this Start-Up Company. There is no cash in the Bank and I am eighty (80) years of age.

The payment of $550.00 is a tremendous burden at this time and I hereby pray that you will consider this request for elimination of the late filing fee and accept the Annual Report as submitted. I regret that it was not filed on time, because it is a very simple document only requiring my signature. Until something materializes for PAV-TEK, I am living on Social Security and my Family's assistance.

Your favorable consideration will be greatly appreciated and we will file all future reports on time.

Date May 3/99

Henry A. Crivelli

Henry A. Crivelli

331 MONTVALE AVENUE AT I-93 USTRUST BUILDING WOBURN, MASSACHUSETTS 01801

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R. J. Antonelli and Company
INCORPORATED
ACCOUNTANTS AND AUDITORS

COMMONWEALTH OF MASSACHUSETTS

County of Middlesex, ss. 8/3/99, 1999

Then personally appeared the above named HENRY A. CRIVELLI who deposed and said that the foregoing were true statements to the best of his knowledge and belief.

My Co KRISTEN A. FOLEY
Notary Public
My Commission Expires July 22, 2005

Notary Public

RE HOC MEDICAL RECORDS.

INJURED MAR 1, 1999

VISITED DR ALLAN SITNAY 3/4/99.

LIGHTHOUSE OF FLD. 3/9/99

DR SCHMID FT LAUDERDALE 3/12/99

3/16/99

MRI NORTH RIDGE SURGERY CENTER 3/25/99

DR RAMIREZ " " " " 4/5/99

DR BOSTLINE " " " " 4/21/99

Medicare Summary Notice

HCFA MEDICARE • MEDICAID

July 20, 1999
FL-NL007783

HENRY CRIVELLI
109 HILLSIDE AVE
ARLINGTON MA 02476-7268

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 011-20-2321A

If you have questions,write or call:
Medicare Part B
P.O. Box 2360
Jacksonville, FL. 32231

HELP STOP FRAUD: Do not sell your Medicare Number or Medicare Summary Notice.

Local: (904) 355-3680
Toll-free: 1-800-333-7586
TTY for Hearing Impaired: 1-800-754-7820

This is a summary of claims processed on 06/27/1999.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 50-9166-56629-00						
ALLAN GITTMAN MD PA, PO BOX 50281, LIGHTHOUSE PT FL 33064-0281						
03/04/99	1 Office/outpatient visit, new (99203)	$95.00	$77.78	$62.22	$15.56	
03/09/99	1 Office/outpatient visit, est (99213)	65.00	42.59	34.07	8.52	
Claim Total		**$160.00**	**$120.37**	**$96.29**	**$24.08**	

Deductible Information:

You have met the Part B deductible for 1999.

THIS IS NOT A BILL - Keep this notice for your records.

NORTH RIDGE SURGERY CENTER
4650 NORTH DIXIE HIGHWAY
FT. LAUDERDALE, FL 33334

Dr. Bistline

OUTPATIENT TEACHING INSTRUCTIONS

NAME Henry Crivelli DATE: 7/31/99

YOUR CARE FOLLOWING SURGERY IS VERY IMPORTANT. YOU WILL HAVE FOLLOW-UP VISITS WITH YOUR PHYSICIAN. YOU ARE URGED TO CAREFULLY FOLLOW THE INSTRUCTIONS WHICH ARE CHECKED ON THIS SHEET. WE HAVE INCLUDED GENERAL INFORMATION WHICH YOU MAY FIND HELPFUL.

1. DIET:

___ Due to the surgery you have had you may experience a sore or scratchy throat, this is common and will clear in a day or so.

___ No liquids or solids to be taken for _____ hours. (From _____)

___ It is better to start with a liquid diet, then soup and crackers. Progress to solid food gradually if no nausea occurs.

✓ Resume your regular diet. (If nausea becomes a problem at home, call your doctor.)

✓ Alcohol and beer are not recommended for 24 hours.

2. ACTIVITIES:

✓ Bed rest is recommended for the first 24 hours. (You may be up for meals and to the bathroom.)

✓ Anesthetics and other medication will be in your body for the next 24 hours, so you may feel sleepy. You should not DRIVE A CAR, OPERATE MACHINERY OR POWER TOOLS, MAKE IMPORTANT DECISIONS OR SIGN ANY LEGAL DOCUMENTS.

___ You may resume your normal daily activities.

3. MAINTENANCE OF PAIN OR DISCOMFORT:

✓ Take Tylenol as directed. or ibuprofen

___ Take the medication prescribed for you by your doctor as directed.

___ When taking medications, be careful as you walk or climb up the stairs.

✓ You may resume your usual routine medications. (If you need to call your doctor for a prescription, it would be helpful to have the telephone number available.)

4. WOUND CARE:

___ Do not change the dressing until you see your doctor.

___ Leave dressing in place for _____ days, then change as necessary.

___ Change dressing as necessary.

✓ Keep dressing clean and dry.

✓ Apply ice to the area as instructed and demonstrated. or heat

___ Elevate operative site on pillows.

___ Avoid stress to the suture line.

5. EYE AND ENT CARE:

___ Leave dressing and eye shield in place until you see your doctor.

___ Eye box to take with you.

___ Written discharge instructions to take home reviewed.

___ You will receive further instructions by your doctor on your first office visit.

___ You may use a tip pad under your nose, as demonstrated.

___ Avoid sneezing and blowing your nose.

___ Keep water out of your ears.

6. CONCERNS OR WORRIES:

✓ If any disturbing problems shoud develop after leaving the hospital, call your doctor immediately! Listed are some signs and symptoms to be aware of.

✓ Difficulty breathing (call 911 also)

✓ Excessive bleeding (apply pressure to the area and elevate if possible)

___ Observe affected extremity for:
__ circulation or nerve impairment
__ change in color
__ numbness or tingling
__ coldness
__ increased pain without relief

✓ Observe operative area for signs of infection:
✓ fever (above 101°)
✓ increased pain without relief
✓ redness, swelling, or pus
(If these symptoms were to appear, they would not be apparent for 36 to 48 hrs.)

___ Vaginal bleeding should be no more than a normal period.

7. PHYSICIAN FOLLOW UP:

DATE: Office will call you 2wks for follow-up appt if you don't hear in 2wks call 776-6000 Ext 4510

We strongly suggest that a responsible adult be with the patient for the rest of the day and also during the night for the protection and safety of your loved one.

If any problems occur or if you have any further questions, please contact your physician immediately. If you find that you cannot contact him/her and feel your signs and symptoms warrant a physician's attention, call 911 for assistance or go to the emergency department which is closest to you.

Additional Instructions or Follow-up care

No heavy lift / push / pull

You may shower in the morning & remove bandaid

038468
CRIVELLI, HENRY
MR# A1120321
DR. RAMIREZ
00/00/99 M/79

1ST COPY - CHART / 2ND COPY - PATIENT