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FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000090125 (2)

1. Corporation Name
POLARIN U.S.A., INC.



Principal Place of Business

Mailing Address

901 NE 125TH STREET
SUITE 107
NORTH MIAMI FL 33161

901 NE 125TH STREET
SUITE 107
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1995

4. FEI Number

65-0620591

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3724 VISTA WAY

26 3724 VISTA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 WESTON, FLORIDA

28 WESTON, FLORIDA

Zip

Country

Zip

Country

24 33331

25 BROWARD

29 33331

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHEKER, CARLOS
901 NE 125TH STREET
SUITE 107
NORTH MIAMI FL 33161

81 Name

CHEKER CARLOS

82

Street Address (P.O. Box Number is Not Acceptable)

3724 VISTA WAY

83

84

City

WESTON

FL

85

Zip Code
33331

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

CARLOS CHEKER

4/16/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PD
STREET ADDRESS CHEKER, CARLOS
CITY-ST-ZIP 901 NE 125TH STREET
NORTH MIAMI FL 33161

1.1 TITLE
1.2 NAME PD
1.3 STREET ADDRESS CHEKER CARLOS
1.4 CITY-ST-ZIP 3724 VISTA WAY
WESTON, FL. 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

CARLOS CHEKER

4/16/98

(954)384-6010

CFR034 (10/97)