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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000006842 (4)

1. Corporation Name  
EXTRA RENOVATION USA, INC.

Principal Place of Business  
2500 HOLLYWOOD BOULEVARD  
SUITE 215  
HOLLYWOOD FL 33020

Mailing Address  
2500 HOLLYWOOD BOULEVARD  
SUITE 215  
HOLLYWOOD FL 33020-6815



3. Date Incorporated or Qualified  
01/18/1996

3a. Date of Last Report

2. Principal Place of Business  
21 1222 N.E. 4th Avenue

2a. Mailing Address  
26 1222 N.E. 4th Avenue

4. FEI Number  
Applied For

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State

City & State

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

23 Fort Lauderdale, Fl

28 Fort Lauderdale, Fl

Zip

Country

Zip

Country

24 33304

25 U.S.

29 33304

30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABOSSIERE, MARC  
2500 HOLLYWOOD BOULEVARD  
SUITE 215  
HOLLYWOOD FL 33020

81 Name Labossiere Marc  
82 Street Address (P.O. Box Number is Not Acceptable)  
1222 N.E. 4th Avenue  
83  
84 City Fort Lauderdale FL 85 Zip Code 33304

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

Marc Labossiere

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME PLANTE, PIERRE  
STREET ADDRESS 3704 BELLERIVE, CARIGNAN  
CITY- ST- ZIP QUEBEC CANADA J3L 3P9

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE D  
NAME RANCOURT, LOUISE  
STREET ADDRESS 3704 BELLERIVE, CARIGNAN  
CITY- ST- ZIP QUEBEC CANADA J3L 3P9

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 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:

*Renee Plante*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15-4-97

Date

514-574-8000

Daytime Phone #

0127410

CR2E034 (9/96)