05-07-1999 90121 034 ***150.00

FILE 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

DOCUMENT # P9600006842

1, Corporation Name

EXTRA RENOVATION USA, INC.

Principal Plac	e of Business	Mailing Address		I (\$805800 110 1009 ditti aditt aditt	ODISO DISOLIBIIS BIOSO ILDI SODI
1222 NE 4TH AVE		1222 NE 4TH AVE			
SUITE 215 SUITE 215			DO NOT WOLFE IN THE	COMOE	
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 3330		4	DO NOT WRITE IN THIS	S SPACE	
US		US		3. Date Incorporated or Qualifed	
- 5: :	-	La Mallina Address		01/18/1996 4. FEI Number .	Applied For
_	Place of Business	2a. Mailing Address			
21		26		65-0742827	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City R State		City & State			
City & Stat		⊢ ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country		Country		
Zip		— · — —	10 Country	This corporation owes the current year In Personal Property Tax.	Yes No
24	9. Name and Address of Current	<u> </u>		10. Name and Address of New Registered	
	9. Name and Address of Correct	Registered Agent	81 Name	TO. Hallo alla / La	
LAR	OSSIERE, MARC				
	NE 4TH AVE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	IT LAUDERDALE FL 33304		83		
, 011	T DIODERONGE I E SOCO I		83		
		•	84 City		85 Zip Code
		٧		FI	
11. Pursuant	to the provisions of Sections 607.0502	l and 607.1508, Florida Statutes of Florida, Such change was aut	, the above-named corp horized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	or changing its registered
agent. I a	im familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.	, , ,	
SIGNATURE				and the second	
0,0,1,1,1,0,1,2	Signature, typed or printed name of registered agent		legistered Agent signature require		UD DUDUOTOGO IN 40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	D	☐ DELETE	1.1 TITLE		C Change C Addition
NAME	PLANTE, PIERRE		1.2 NAME		
STREET ADDRESS	•	• >	1.3 STREET ADDRESS		
CITY-ST-ZIP	QUEBEC CANADA J2G 8C8		1.4 CITY-ST-ZIP		
TITLE	D .	☐ DELETE	,2.1 TITLE		Change Addition
NAME	RANCOURT, LOUISE		2.2 NAME		
STREET ADDRESS	1587 PRINCIPALE, GRANBY		2.3 STREET ADDRESS		
CITY-ST-ZIP	QUEBEC CANADA J2G 8C8		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	<u>.</u>	☐ 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 ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Ì
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	i		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
			6.2 NAME		
NAME	1		- 1		
STREET ADDRESS			6.3 STREET ADDRESS		

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.

12111111112

NTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP