SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019077 (2)

FDF USA, INC.

FILED Sep 19 1997 8:00am Secretary of State

,,,,					
Principal Plac	e of Business	Mailing Address		{	1010 TOTAL BOILD IN DIA 1001 1081
3000 NW 79TH AVE. #5000-102 3000 NW 79TH AVE. #5000		100			
MIAMI FL 33122 MIAMI FL 33122		102	DO NOT WOITE IN THE	0.001.05	
				DO NOT WRITE IN THI. 3. Date incorporated or Qualified 3a.	S SPACE Date of Last Report
				1	Date of East Report
2. Principal P	lace of Business	2a. Mailing Address		02/28/1996 4. FEI Number	. Applied For
21 20		26 2000 NI	W 79 14	1 85-0646795	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		G. Solimodo di cidado Dodinos	Fee Required
City & Stat	MAMILLE	City & State	41+FC	B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33	125 Country 124	29 38182 30	Country SA	This corporation owes or has paid the operation of the personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	RALES, GABRIEL		VI Name		
	00 NW 79TH AVE. #5000-102		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MU	AMI FL 33122		63		
		`			
	ρ		84 City	F	65 Zip Code
11. Pursuant	to Me provisions of Sections 607.0302	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose tion's board of directors, I hereby accept the a	of changing its registered
office or r agent. I a	registered agent, of yoth of the State of am familian with band accept the obligati	n Florida. Such change was auti ins of, Section 607.0505, Florid	norized by the corporation Statutes.	tion's board of directors, I hereby accept the a	ppointment as registered
SIGNATU		N ,	GNBR	e/ Mods/es 9	10 97
y y	Signature, typed or printed—me of registered agent		ogistored Agent signature requirements	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	VID DIRECTORS IN 12
TITLE	DP DP	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	LOPEZ, JOSE	•	1.2 NAME		2
STREET ADDRESS	3000 NW 79TH AVE. #5000-10	12	1.3 STREET ADDRESS		3
CITY-ST-ZIP	MIAMI FL 33122	,-	1.4 CITY - ST - ZIP		5
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
RAME			3.2 NAME		
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 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			G.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by cartify that the information symplect	with this filling door not suplify t	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I furti	per certify that the
informatio	by certify that the information supplied	wan tris ming does not quality in	or the exemption states	t my signature shall have the same legal effect	se if made under each: that

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 each; 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.

BIONATURE & LOSSIGNARUM HEALURED