

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # **P96000020642 (0)**

1. Corporation Name
PRESTOLAM PRODUCTS INC.



Principal Place of Business

**2500 PARK RD
2A3
PEMBROKE PARK FL 33009
US**

Mailing Address

**2500 PARK RD
2A3
PEMBROKE PARK FL 33009
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1996

4. FEI Number

65-0648457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21
Suite, Apt. #, etc.

22. City & State

23

Zip

24

Country

25

2a. Mailing Address

26
Suite, Apt. #, etc.

27. City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**HORNICK, PETER
18260 N. BAY ROAD
#412
MIAMI BEACH FL 33160**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE
NAME **HORNICK, PETER**
STREET ADDRESS **8100 PARK BLVD UNIT 24**
CITY-ST-ZIP **PINELLAS PARK FL 34685**

TITLE **S** ☐ DELETE
NAME **CHIASSON, SYLVIE**
STREET ADDRESS **18260 N BAY RD #412**
CITY-ST-ZIP **NO MIAMI FL 33160**

TITLE **P** ☐ DELETE
NAME **BELAND, GUY**
STREET ADDRESS **18260 N. BAY ROAD #412**
CITY-ST-ZIP **NORTH MIAMI FL 33160**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☒ Change ☐ Addition
1.2 NAME **HORNICK, PETER**
1.3 STREET ADDRESS **2768 B. PARK DRIVE**
1.4 CITY-ST-ZIP **CLEARWATER, FL 34623**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **CHIASSON, SYLVIE**
2.3 STREET ADDRESS **4301 Polk street**
2.4 CITY-ST-ZIP **Hollywood Hills, FL 33021**

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **BELAND, GUY**
3.3 STREET ADDRESS **4301 Polk street**
3.4 CITY-ST-ZIP **Hollywood hills, FL 33021**

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

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

6.1 TITLE ☐ Change ☐ Addition
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

[Signature]

05/24/98 05:49:23 gvn

CR2E034 (10/97)