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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997 DIVISIO

DOCUMENT # P96000023630 (2)

PROTEC SERVICES USA, INC.

Principal Place of Business

Mailing Address

1881 UNIVERSITY DRIVE #107 CORAL SPRINGS FL 33071

appears in Block 12 or Block

1881 UNIVERSITY DRIVE #107 CORAL SPRINGS FL 33071-8093 FILED
Jun 17 1997 8:00am
Secretary of State



4/12/197

		• • •		
			 Date incorporated or Qualified 03/15/1996 	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3300 University Drive		ersity Driv	10 65-066 3184	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 #225	27 #225		C. Sermente of dates search	Fee Required
City & State	City & State	DI	6. Election Campalgn Financing	\$5.00 May Be
23 Coral Springs, FL		ngs, FL	Trust Fund Contribution	Added to Fees
Zip Country 24 33365 25 USA	7ip	Country	8. This corporation has liability for i	
24 33365 25 USA 9, Name and Address of Current	29 33365 3	O USA	Florida Statules 10. Name and Address of New Re	Yes No
·····	registered Agent	81 Name	10. Name and Address of New Re	Pisteleo Wasur
FILINGS, INC.		J. J.	ohn Sommerer	
			ress (P.O. Box Number is Not Acceptab	
FORT LAUDERDALE FL 33311		83	300 University Dri	lve #225
		83		
		84 City		FL 85 Zip Code 33365
			oral Springs	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both in the State of	and 607 1508, Florida Statutes - Florida, Such change was aut	, the above-named corp Inorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	ons of, Section 307.0505, Florid	da Statutes.	_	
SIGNATURE			<u> </u>	1/24/97
Signal typed or printed name of registered agent		tegistered Agent signature requi	ired when reinstating)	DAIL •
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	☐ DELETE	արան D	ammarar Jahn	Change Addition
NAME SOMMERER, JOHN		3	ommerer, John	4 #22E
STREET ADDRESS 1881 UNIVERSITY DRIVE #107			300 University Dri	
CITY-ST-ZIP CORAL SPRINGS FL 33071		1.4 CHY+ST+ZIP CO	oral Springs, FL	33365
TITLE	□ DELETE	2.1 TALE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS .		2.3 STREET ADDRESS		
CITY-ST-2IP		2. 4 CITY - ST - ZIP		
TITLE	☐ DELFTE	3.1 TITLE		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 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		54 CHY-SI-7IP		
TITLE	DELETE	61 THLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CHY-ST-7IP		
14 I do hereby certify that the information supplied	with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
Information indicated on this annual report or sull am an officer or director of the corporation or the	optemental annual report is truc	e and accurate and tha	t my signature shall have the same lega	il effect as if made under oath; that