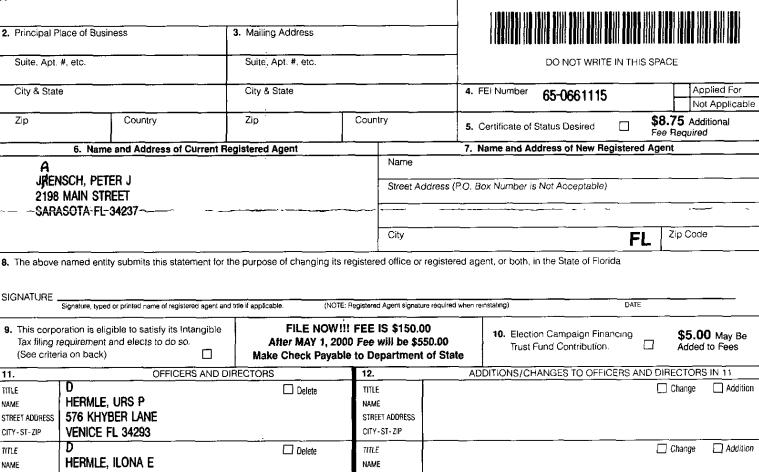
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600034835 1. Entity Name IMD USA CORP. Principal Place of Business Mailing Address 576 KHYBER LN 576 KHYBER LN VENICE FL 34293 VENICE FL 34293-4457 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

FILED Mar 13, 2000 8:00 am Secretary of State

03-13-2000 90017 035 ***150.00



11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMLE, URS P 576 KHYBER LANE VENICE FL 34293	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	CR2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMLE, ILONA E 576 KHYBER LANE VENICE FL 34293	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	i:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY_ST_7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change	☐ Addition	

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

13. 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 report or supplemental 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 11 or Block 12 if address, with all other like empowered.

SIGNATURE:

JRENSCH, PETER J

2198 MAIN STREET SARASOTA FL-34237-

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR