Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90110 028 \*\*\*158.75

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000063618

1. Corporation Name

BISLET USA, INC.

Principal Place	e or Business	Mailing Address			
1761 NW 46 AV	Æ	1761 NW 46 AVE			
D. 103		D. 103		DO NOT WRITE IN THIS SPACE	
LAUDERHILL FL	. 33313	LAUDERHILL FL 33313			15 SPACE
	•	<u>,</u>		3. Date Incorporated or Qualifed	
				07/30/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		58-9331093	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	سيداده سا.	5 Certificate of Status Desired - 1	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5,00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible
24	25	29 30	J	Personal Property Tax.	☐Yes ☐No_
	9. Name and Address of Current	<del></del>		10. Name and Address of New Registere	d Agent
			81 Name		
SEGOVIA, MIGUEL			00 00	(D.C. Day N has in Not Accountable)	
1761 NW 46 AVENUE D 103			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
LAUDERHILL FL 33313			83		
	•				
	·		84 City	F	85 Zip Code
24 5	- Co-Non- CO7 DED	and EDT 1EDS Elorida Stabitos	the above named corn	oration submits this statement for the purpose	_
office or ri	enistered agent, or both, in the State (	of Florida. Such change was autho	orized by the corporatio	on's board of directors. I hereby accept the app	ointment as registered
agent. I ai	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes.		}
SIGNATURE	<u> </u>		<u></u>		
	Signature, typed or printed name of registered agent		gistered Agent signature required		AND DIDECTORS IN 12
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PSTD	☐ DELETE	1.1 TITLE		Cloudide Clynogram
NAME	SEGOVIA, MIGUEL V		1.2 NAME		
STREET ADDRESS	1761 NW 46 AVE D.103		1,3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		1.4 CITY-ST-ZIP		
TITLE	VP .	DELETE	· 2.1 T/TLE		☐ Change ☐ Addition
NAME	COFRE, MARIA A		2.2 NAME		{
STREET ADDRESS	1761 NW 46 AVENUE D013		2.3 STREET ADDRESS	en de la companya de	مسجود بيرييي جيي
CITY-ST-ZIP	LAUDERHILL FL 33313	وه وها المساوري ويتشاره والم	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	: .	☐ Change ☐ Addition
NAME	··· · ·		3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS	•	
\			3.4. CITY-ST-ZIP		}
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
ĺ			4. 2 NAME		
NAME		ì			
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		— Decree	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		□ change □ radiiion }

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 trusted 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 pither like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

Sarth Tier 1948

小瓣 把 网络维克斯尔

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition