

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90048 008 ***150.00

DOCUMENT # P96000068868

1. Corporation Name

HIDRO-GRUBERT U.S.A. INC.

Principal Place of Business

C/O SACHELIMA & ASSOCIATES. P.A.
235 SW LE JEUNE RD.
MIAMI O FL 33134-5

Mailing Address

C/O SACHELIMA & ASSOCIATES. P.A.
235 SW LE JEUNE RD.
MIAMI O FL 33134-5

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1996

4. FEI Number

65-0698730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4001 NW 77 AVE
Suite, Apt. #, etc.

22 City & State
MIAMI, FL

23 Zip Country
33166 Dade

24 33166 25 Dade

2a. Mailing Address

26 4001 NW 77 AVE
Suite, Apt. #, etc.

27 City & State
MIAMI, FL

28 Zip Country
33166 Dade

29 33166 30 Dade

9. Name and Address of Current Registered Agent

SACHELIMA, JESUS E
SACHELIMA & ASSOCIATES, P.A.
235 SW LE JEUNE RD.
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name CHARNECO, MARY
82 Street Address (P.O. Box Number is Not Acceptable)
4001 NW 77 AVE
83
84 City MIAMI FL 85 Zip Code 33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/6/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME BERTOTTO, SERGIO A
STREET ADDRESS PIEDRAS 519 - TERCER PISO 1070
CITY-ST-ZIP CAPITAL FEDERAL AR

TITLE S ☒ DELETE

NAME SACHELIMA, JESUS
STREET ADDRESS 235 SW LEJEUNE RD
CITY-ST-ZIP MIAMI FL 33134

TITLE VP ☐ DELETE

NAME MARANDINO, JORGE E
STREET ADDRESS PIEDRAS 519 - TERCER PISO 1070
CITY-ST-ZIP CAPITAL FEDERAL AR

TITLE T ☐ DELETE

NAME BERTOTO, DOMINGO
STREET ADDRESS PIEDRAS 519 - TERCER PISO 1070
CITY-ST-ZIP CAPITAL FEDERAL AR

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 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME CHARNECO, MARY
2.3 STREET ADDRESS 4001 NW 77 AVE
2.4 CITY-ST-ZIP MIAMI, FL 33166

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/6/99 (30) 7170022

CR2E034 (11/98)

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