1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600073140 1. Corporation Name

PENTARES, INC.

Principal Place of Business

Mailing Address

FILED Mar 22, 1999 8:00 am **Secretary of State**

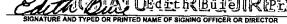
03-22-1999 90051 001 ***150.00



400 ROCK CHAPEL ROAD RR #2 DUNDAS ONTARIO CANADA L9H5E2 400 ROCK CHAPEL ROAD RR #2 DUNDAS ONTARIO CANADA L9H5		E2		DO NOT WRITE IN THIS SPACE			
				- [Date Incorporated or Qualifed 09/04/1996		
2. Principal Place of Business	2a. Mailing Address				FEI Number	$\neg \neg$	Applied For
21	26				59-3411188		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			1	Certifcate of Status Desired		75 Additional ee Required
City & State 23	City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip Country 24 - 25	2930	intry			This corporation owes the current year In Personal Property Tax.	Yes	: □No
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET		81 Name					
		82 Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301		83					
		84	City		FI	85	Zip Code
 Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of 	Florida. Such change was authorized	bove by t	named corporation	oration n's bo	submits this statement for the purpose card of directors. I hereby accept the appe	of changin ointment a	g its registered as registered

SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DAS DELETE TITLE 1.1 TITLE Change [Addition BUIE. EDITH NAME 12 NAME 1575 B-13 MILITARY ROAD #13-342 STREET ADDRESS 1.3 STREET ADDRESS NIAGARA FALLS NY 14304 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE TITLE Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Addition 5.1 TITLE Change NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE 61 TITLE TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 8.4 CITY-ST-ZIP

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.



March 8,

CR2E034 (11/98)