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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **P97000007454**

1. Corporation Name
POLYMARK USA, INC.

Principal Place of Business	Mailing Address
7040 LAKE ELLENOR DR #108 ORLANDO FL 32809 US	7040 LAKE ELLENOR DR #108 ORLANDO FL 32809 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/21/1997
4. FEI Number: 59-3491610 — 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent
RIBEIRO, NIVALDO
4903 OLD WINTER GARDEN ROAD
ORLANDO FL 32861

10. Name and Address of New Registered Agent
81 Name: VALDEMIR C. PASSOS
82 Street Address (P.O. Box Number is Not Acceptable)
83: 14275 LORD BARCLAY DRIVE
84 City: ORLANDO FL 85 Zip Code: 32837

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: Valdemir Carrie Passos — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE 4/21/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	RAPOSO, PAULO S		1.2 NAME		
STREET ADDRESS	1		1.3 STREET ADDRESS	14275 LORD BARCLAY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	P	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	PASSOS, VALDEMIR C		2.2 NAME		
STREET ADDRESS	14275 LORD BARKLEY DRIVE		2.3 STREET ADDRESS	14275 LORD BARCLAY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOUSA, EMIDIO		3.2 NAME		
STREET ADDRESS	7849 BRIDGESTON DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME			4.2 NAME	ERALDO MANES	
STREET ADDRESS			4.3 STREET ADDRESS	14631 OTTAWA AVE.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ORLANDO FL. 32837	
TITLE		☐ DELETE	5.1 TITLE	TRES.	☐ Change ☑ Addition
NAME			5.2 NAME	EMIL GUEORGUIEV	
STREET ADDRESS			5.3 STREET ADDRESS	2939 EVERGREEN AVE.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	OCEANSIDE, NY 11572	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Valdemir Carrie Passos — Pres — 4/21/99 — (407)888-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Valdemir Carrie Passos — Pres. — 5/12/99

CR2E034 (11/98)