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

DOCUMENT #

1. Corporation Name

P97000017197

HERTEC U.S.A., INC.

Principal Place of Business

4011	W.	Flagle	er St	
Suite	e 50	33		

DO NOT WRITE IN THIS SPACE

May 10, 1999 8:00 am Secretary of State

05-10-1999 90273 016 ***158.75

Miami,	Miami, FL. 33134				3. Date Incorporated or Qualified February 24, 1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		olied For	
<u> </u>	W.Flagler St. 26			65-0732249	<u> </u>	t Applicable		
Suite, Apt.		Suite, Apt. #, etc.				\$8.75 A		
22 503		27			5. Certifcate of Status Desired 🔀	Fee Re		
City & Stat	e	City & State	_		6. Election Campaign Financing	\$5.00	May Be	
Miami, FL 28				Trust Fund Contribution		Added to	,	
Zip	34 Country USA	Zip	Country		8. This corporation owes the current ye	ear Intangible		
Zip 24 3313	34 USA	29	0		Personal Property Tax.	Yes	X No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81 N	ame	and Course of a Tour	2 (20		
Oly Causo			82 S		Jorge Causo c/o Jay & Co. et Address (P.O. Box Number is Not Acceptable)			
4011	W. Flagler St.		3	lieer Addico	is (1.0. Box Nambol to Not Necopiasis)			
Suite 503			83					
Mian	ni, FL. 33134		24 0		1 W. Flagler St.Su	<u>11 Te 503</u>		
	•		84 C	^{ity} Mia	ami	FL 3 3 3 1		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-na	med corpora	ation submits this statement for the purpo	se of changing its	egistered	
office or/r	egistered age it, or both, in the State of	Florida, Such change was auth	norized by the a Statutes	corporation'	ation submits this statement for the purpo is board of directors. I hereby accept the	appointment as reg	istered	
	The state of	SO CAUSO	a ciatotov.		p4/.	15/99	į	
SIGNATURE	Signature/ ped or printed name of registered agent		egistered Agent sign	nature required w	then reinstating)	TE / -		
12.	DFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12	
TITLE	s/	DELETE	1.1 TITLE	P		∑ Change	☐ Addition	
NAME	Lamas, Victor		1.2 NAME	Lar	mas Victor			
			1.3 STREET ADD	RESS 975	0 NW 49 Terraca			
CITY-ST-ZIP	Miami FL 33178	-	1.4 CITY-ST-ZIP	Mia	ı <u>mi</u> FL 33178			
TITLE	P	X DELETE	2.1 TITLE		1.5	☐ Change	Addition	
NAME	Causo, Oly		2.2 NAME				i	
STREET ADDRESS			2.3 STREET ADD	RESS				
CITY-ST-ZIP	Miami FL 33178		2. 4 CITY-ST-ZIF	,				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS,			3.3 STREET ADD	RESS			1	
CITY-ST-ZIP			3.4. CITY-ST-ZIF	,				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET ADD	RESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1				
TITLE		☐ DELETE	5.1 TITLE	<u> </u>		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADD	RESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		□ DELETE	6 1 TITLE	_ _		Change	Addition	

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 agriculture 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 of 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 one attactive with an address, with all other line empowered.

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

IRE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)