

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

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028033 (3)

1. Corporation Name
C-MAC MICROCIRCUITS USA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1601 HILL AVENUE
WEST PALM BEACH FL 33407**

Mailing Address
**1601 HILL AVENUE
WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified
03/27/1997

4. FEI Number
65-0741803

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
**BYK, ANTHONY
1601 HILL AVENUE
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 *Anthony Byk* **5/1/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BYK, ANTHONY | |
| STREET ADDRESS | 1601 HILL AVENUE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WOOD, DENNIS | |
| STREET ADDRESS | 30000 INDUSTRIAL BOULEVARD SHERBROOKE | |
| CITY-ST-ZIP | (QUEBEC) CANADA J1L 1V8 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PROVENCHER, MICHAEL | |
| STREET ADDRESS | 30000 INDUSTRIAL BOULEVARD SHERBROOKE | |
| CITY-ST-ZIP | (QUEBEC) CANADA J1L 1V8 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 1010 SHERBROOKE ST. WEST, SUITE 1610 |
| 2.4 CITY-ST-ZIP | MONTREAL QUEBEC H3A 2R7 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 1010 SHERBROOKE ST. WEST, SUITE 1610 |
| 3.4 CITY-ST-ZIP | MONTREAL QUEBEC H3A 2R7 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Sandra B. Mortham* **5/1/98** **(561) 845-8455**

CR2E034 (10/97)