FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am Secretary of State **DOCUMENT #** P97000030438 1. Entity Name F. T. CONSTRUCTION (U.S.A.) INC. 04-21-2002 90883 015 ***150.00 Principal Place of Business 1401 Dewey ST 721 SE 177H ST Mailing Address 721 SE 17TH ST 1401 DEWEY ST FT-LAUDERDALE FL 33316 FT-LAUDERDALE FL 33316 Hollywood, FL 33020 Hollywood FL 33020 3. Mailing Address 2. Principal Place of Business 1401 Sewey 1401 DGWGY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For HOLLYWOOD 65-0741708 HOLLYWOOD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33020 33020 45A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMOTHE, FERNAND Street Address (P:O:Box Number Is Not Acceptable) Deucy 57 721 SE 17TH ST Hollywood FL 33020 FT-LAUDERDALE FL 33316 Dewey Zip Code 33020 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! EEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME FRAPPIER, YVAN NAME STREET ADDRESS 545 ROAD #249 NORTH, C.P. 92 WINSOR STREET ADDRESS CITY-ST-7IP QUEBEC, J1S 2L7, CANADA CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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. In powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an add

(954) 768-9548