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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032975 1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90152 018 ***150.00

	MODAS USA, INC.								
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Principal Place	e of Business	Mailing Address				ı sağırıdağı eta sağırı sağırı ağısır	##113 ##131 ##1	88 sirs s li s ra s e tir	1884 8411 1981
1847 NW 20TH	STREET	1847 NW 20TH STREET			Ì			•	
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-US		US		· 		3. Date Incorporated or Qualife			<u></u>
						04/11/1997	-		
2 Principal P	lace of Business	2a. Mailing Address			+	4. FEI Number		Ap	plied For
21	1205 01,00311033	26				65-0743687			t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee Re	quired
City & Stat	le	City & State				6. Election Campaign Financing	9 🖳	\$5.00	May Be
23	ray experience	28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Count	try		8. This corporation owes the cu	ırrent year l		
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registere	d Agent	
140	ADURA ANA MADICIA		3	Name	€	•			
	ADULA, AÑA MARIELA Ó SW 76TH STREET		1	32 Stree	t Address	s (P.O. Box Number is Not Accer	otable)		
APT.	•		_			·			
	. 4 MI FL 33143			33				. **	
Mind	WII FE 33 143			4 City		<u>-</u>	F	85 Zip C	Code
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office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	e of Florida. Silich change was a	HITTOOTZEG I	nv ine car	o corpora poration's	s board of directors. I hereby acc	ept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statut	es.				2.4	
								•	
SIGNATURE		COTE CONTE				han religiotating)	DATE	· ·	
	Signature, typed or printed name of registered ag		: Registered A		e required wt	nen reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS /	AND DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOTE AND DIRECTORS DELETE		gent signaturi	e required wh	nen reinstating) ADDITIONS/CHANGES TO C		AND DIRECTO	RS IN 12
12. TITLE	Signature, typed or printed name of registered at OFFICERS A	AND DIRECTORS	Registered A	gent signaturi	e required w				
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I hereby certify that the information supplied with this filing does not quarry 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 or 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 true empowered to execute this sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attention of the corporation o

SIGNATURE: