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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P970

P97000036680 (1)

R.H.R. (USA) INC.

Mailing Address

FILED
Jun 09 1998 8:00am
Secretary of State



| r micipal i lace of positiess | | Maining Additions | Maining Actiness | | | | | |
|--|--|---|-----------------------|--------------------|--|--|--|--|
| 721 SE 17TH STREET FT. LAUDERDALE FL 33316 | | 721 SE 17TH STREET FT. LAUDERDALE FL 33316 | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | <u> </u> | | |
| | | | | | | 3. Date Incorporated or Qualified 04/24/1997 | | |
| A D | V | ** *********************************** | | | | | | |
| · · · | Place of Business | 2a. Mailing Address | | | | | | |
| 21 | | 26 | | | | | | |
| Suite, Apt. #. etc. | | Suite Apt #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional | | |
| 22 | | [27] | | | | Fee Required | | |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | [28] | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | - Zφ 1 | Count | y | | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | [25] | [29] | 30 | | | Personal Property Tax due June 30. Yes No | | |
| | 9. Name and Address of Curren | n Hegistered Agent | | 41 | Norse | 10. Name and Address of New Registered Agent | | |
| LAMOTHE, FERNAND | | | ° | B1 Name | | | | |
| 721 S.E . 17TH STREET Fort Lauderdale Fl 33316 | | | 8: | 2 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| FU | NI LAUDENDALE PL 33310 | | 8: | 3 | | | | |
| | | | - | | | | | |
| | | | 84 | 4 | City | FL 85 Zip Code | | |
| | | | | | | | | |
| office or r | registered agent, or both, in the State | of Florida. Such change wa | is authorized b | ov t | the corporat | poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered | | |
| agent La | am fa miliar with, and accept the oblig | ations of, Section 607.0505, | Horida Statute | es. | • | | | |
| SIGNATURE | | | | | | | | |
| 44 | Signature, typical or printed macros of or indicred a a | | | gent | Esquature toqui | ried when reinstating) DATL | | |
| 12. | PRESIDENT | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition | | |
| TITLE | | | 1 1 HILE | | | Ghange Audittor | | |
| NAME | CLAUDE Donce | 1 | 1.2 NAME | | | | | |
| STREET ADDRESS | l * | | | 1.3 STRLET ADDRESS | | | | |
| CITY-ST-ZIP | ST. JEAN GUR- RICHEL | ita Out CANAD | A 14 CHY | | : 7P | | | |
| TITLE | J 28 728 | L_1 Delete | 2.1.1111.1 | | | Change Addition | | |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2 3 STREE | et Ai | ODRESS | | | |
| CITY-ST-ZIP | | <u>_</u> | 2 4 017 | - \$1 | - 7IP | | | |
| TITLE | | DETE | 3.1 HTLE | | | [_] Change] Addition | | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3 3 STRI (| { I A | ODRESS | | | |
| CITY-ST-ZIP | | | 3.4. C/TY | -81 | - 7 IP | | | |
| TIFLE | | ☐ DE LE TÉ | 4.1 TITLE | | | Change Addition | | |
| NAME | | | 4 2 NAM | ΙE | | | | |
| STREET ADDRESS | | | 4 3 SIREI | EL A | ODRESS | | | |
| CITY-ST-ZIP | | | 4.4 CHTY- | | | | | |
| TITLE | | DELETE | 5 1 TITLE | _ | | Change Addition | | |
| NAME | | | 5.2 NAME | | | \ <u>\</u> | | |
| STREET ADDRESS | | | 5 3 STREE | | indress | مام | | |
| | | | 54 CITY - | | | 6 01 | | |
| CITY+ST-7#P TITLE | | DELETE | 61 TIFLE | | TIL - | Change Addition | | |
| | | | | | | 40002552914 -06/09/98-01064-015 | | |
| NAME | | | 62 NAME | | 0.000.00 | - 06 70979801064015 | | |
| STREET ADDRESS | | | 6 3 STREE | | | ***150.00 | | |
| CITY-ST-ZIP | <u> </u> | All the Charles of the Comment | 6.4 CHY | | | Section 119.07(3)(i). Florida Statules, I further certify that the information | | |
| THE IDENTIFIE (| escornano i coca f. 1016 e Halle Metro Salbe Mai. 15.1 H.M. dilebeta 15. | arri mas fillica cioes not ciualità | v icif Tiles eskfiftl | u Hlí | on Stated In | raccoror resionastri i monda atalutes, riuliner denuvidat ine information | | |

indicated on this annual report of suppliemental 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 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, or 97 an attachment with an address

CONATURE Sheets

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