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Jun 01 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 # P97000040053

1. Corporation Name

PNEU-GRIP USA, INC.

Principal Place of Business	Mailing Address
820 S.W. 124 TERRACE PEMBROKE PINES, FL 33024	~~AMERILAWYER CHARTERED~~ ~~343 ALMERIA AVENUE~~ ~~CORAL GABLES, FL~~ ~~33134~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1511 N.W. 91 AVE	26 1511 N.W. 91 AVE
22 Suite, Apt. #, etc. 922	27 Suite, Apt. #, etc. 922
23 City & State CORAL SPRINGS, FL	28 City & State CORAL SPRINGS, FL
24 Zip 33071 / 25 Country US	29 Zip 33071 / 30 Country US

3. Date Incorporated or Qualified: 5-6-97

4. FEI Number: 65-0752355 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name: ROBBY KROHMER
82 Street Address (P.O. Box Number is Not Acceptable): 1511 N.W. 91 AVENUE # 922
83
84 City: CORAL SPRINGS, FL 85 Zip Code: 33071

11. Pursuant to the provisions of Sections 607.0302 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: Robby Krohmer 5/12/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	KROHMER, SILVIA	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1511 N.W. 91 AVE. # 922
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VSD ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	KROHMER, ROBBY	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	1511 N.W. 91 AVE. # 922
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100002542501
STREET ADDRESS		6.3 STREET ADDRESS	-06/01/98--01082--017
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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 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 added above.

SIGNATURE: Robby Krohmer VP 4/28/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)