07211999-90003-005-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, ENTER AMOUNT DUE TO REINSTATE: $700)

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90003 005 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053580

1. Corporation Name
CATOVEST USA, INC.

Principal Place of Business	Mailing Address
C/O MARK A MARDER PH5-9400 S DADELAND BLVD MIAMI FL 33156	C/O MARK A MARDER PH5-9400 S DADELAND BLVD MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1997

2. Principal Place of Business	2a. Mailing Address
21 19500 TURNBERRY WAY	26 19500 TURNBERRY WAY
Suite, Apt. #, etc. 22 UNIT 17-D	Suite, Apt. #, etc. 27 UNIT 17-D
City & State 23 NORTH MIAMI BEACH, FL	City & State 28 NORTH MIAMI BEACH, FL
Zip 24 33180 Country 25 USA	Zip 29 33180 Country 30 USA

4. FEI Number: 65-0761322 ☐ 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 the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARDER, MARK A PENTHOUSE FIVE 9400 S DADELAND BLVD MIAMI FL 33156	81 Name: CHRISTOPHER VUILLERMIN 82 Street Address (P.O. Box Number Is Not Acceptable): 19500 TURNBERRY WAY 83: UNIT 17-D 84 City: NORTH MIAMI BEACH FL 85 Zip Code: 33180

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 _____ 07-26-99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VUILLERMIN, CHRISTOPHE		1.2 NAME	
STREET ADDRESS	19500 TURNBERRY WAY, UNIT 17-D		1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33180		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VUILLERMIN, CHRISTOPHE		2.2 NAME	
STREET ADDRESS	19500 TURNBERRY WAY, UNIT 17-D		2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33180		2.4 CITY-ST-ZIP	
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	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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: SIGNATURE REQUIRED 07/10/99 (305) 932 6306.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #