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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000063306**1. Corporation Name

MEURENS U.S.A., INC.

Principal Place	of Rusiness	Mailing Address				i Betil Beild Étida tilan	11811 UU118 U18) 1801 4 2 - 43
4100 N. POWERLINE RD. 10066 N.W. 16TH STREET						· · · · · · · · · · · · · · · · · · ·	
M-1 CORAL SPRINGS FL 33071							****
POMPANO BEACH FL 33073					1	E IN THIS SPACE	
บร					3. Date Incorporated or Qualifed	•	
					07/21/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number	_	Applied For
21		26			65-0771343	60 -	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional e Required
22		27 City 8 State					
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
23	Country	Zip	Country				led to rees
Zip	Country	—	~n '		 This corporation owes the curre Personal Property Tax. 	ntyean intanglole ☐ Yes	□No
24	9. Name and Address of Current	_ 	<u> </u>		10. Name and Address of New Re		
	g. Maine and Address of Current	Izediatoron wärir	81	Name		<u> </u>	· · · · · ·
KERZ	zner, edward						
	6 N.W. 16TH STREET		82 Street Address (P.O. Box Number is Not Accep		ole)	- · <u>·</u> · · · · · · · · · · · · · · · · ·	
	AL SPRINGS FL 33071		83		1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7	92 P.J. W. P.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							7.84 位置 184
			84	City		FI 85	Zip Code
44 Direcont	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	-named corp	poration submits this statement for the p	ourpose of changin	g its registered
office or n	egistered agent, or both, in the State of	of Elevide. Such change was aut			on's board of directors. I hereby accept	the appointment a	s registered
000	ogicio de agrico, el acceptable a la libraria	ions of Continue COZ OEOE Florid	norizea by	the corporation	on a board of directors. I horoby accept		
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes	the corporation.		FORZ	1999
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	ia Statutes		sd when reinstating)	Feb, 3,	1999
agent. I a	m familiar with, and accept the obligation of th	ons of, Section 607.0505, Florid and title applicable. (NOTE: R	ia Statutes			Feb, 3,	1999
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid and title applicable. (NOTE: R	la Statutes		ed when reinstating)	Feb, 3,	199 <u>9</u>
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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, and a address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90061 041 ***150.00