Mailing Address

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067427

1. Corporation Name

Principal Place of Business

HEALTH & ENERGY USA, INC.

C/O SHELDON ENGLEHARD 5355 TOWN CENTER RD BOCA RATON FL 33486		C/O SHELDON ENGLEHARD 5355 TOWN CENTER RD BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/01/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	А	pplied For	
21	•	26				65-0772978	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional	
22	: .	27	_			5. Certificate of Status Desired	Fee R	Required	
City & State	e ·	City & State				6. Election Campaign Financing		May Be	
23		28		**************************************		Trust Fund Contribution	Added	to Fees ==================================	
Zip	Country	Zip	L1	untry		8. This corporation owes the current year			
24	25	29	30	1		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of New Register	eo Agent		
ENG	ELHARD, SHELDON			lo Name	,				
	TOWN CENTER RD		82 Street			ddress (P.O. Box Number is Not Acceptable)			
	PLAZA SUITE 801			83					
	A RATON FL 33486			03					
500				84 City			85 Zip	Code	
11 5	4- 4	and 607 1600 Elorida State	toc the	hove-name	1 corner	ation submits this statement for the purpose	— }	s registered	
office or re	egistered agent, or both, in the State of memory and agent and accept the obligation of the colligation of the collinear of the	if Florida. Such change was	authorize	d by the cor	ooration	's board of directors. I hereby accept the ap	pointment as r	egistered	
SIGNATURE			_						
	Signature, typed or printed name of registered agent	<u>``</u>		d Agent signatur	required v	when reinstating) DATE	AND DIDECT	000 11 40	
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
		C perere					□ Change		
TITLE .	P CHARLES OF THE POPULATION	☐ DELETE	1.1 T		Se	cretary	Change	Addition	
NAME	P ENGELHARD, SHELDON	_	1.2 N	IAME	181	hloma 'Alkoby		•	
	5355 TOWN CENTER RD SUITE	_	1.2 N 1.3 S	IAME TREET ADDRES	5	hlomo 'Alkoby 355 Town Conter Rd	. suite	•	
NAME STREET ADDRESS CITY-ST-ZIP	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486	E 801	1.2 N 1.3 S 1.4 C	IAME TREET ADDRES CITY-ST-ZIP	5	hloma 'Alkoby	. suite	861 486	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S	_	1.2 N 1.3 S 1.4 C 2.1 T	IAME TREET ADDRES CITY-ST-ZIP TILE	5	hlomo 'Alkoby 355 Town Conter Rd	. suite	•	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S MAIZES, ISAAC	E 801 □ DELETE	1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	IAME TREET ADDRES ITY-ST-ZIP ITLE IAME	8 S	hlomo 'Alkoby 355 Town Conter Rd	. suite	861 486	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S MAIZES, ISAAC 5355 TOWN CENTER RD SUITE	E 801 □ DELETE	1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	IAME TREET ADDRES CITY-ST-ZIP TITLE IAME TREET ADDRES	8 S	hlomo 'Alkoby 355 Town Conter Rd	. suite	861 486	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S MAIZES, ISAAC	□ DELETE	1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	IAME TREET ADDRES CITY-ST-ZIP TITLE TAME STREET ADDRES CITY-ST-ZIP	8 S	hlomo 'Alkoby 355 Town Conter Rd	_ Suite 33'	861 ↓86 □ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S MAIZES, ISAAC 5355 TOWN CENTER RD SUITE	E 801 □ DELETE	1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 G	IAME ITREET ADDRES ITY-ST-ZIP ITLE IAME ITREET ADDRES ITREET ADDRES ITLE	8 S	hlomo 'Alkoby 355 Town Conter Rd	. suite	861 ↓86 □ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S MAIZES, ISAAC 5355 TOWN CENTER RD SUITE	□ DELETE	1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	IAME TREET ADDRES DITY-ST-ZIP ITLE IAME STREET ADDRES DITY-ST-ZIP ITLE	S B	hlomo 'Alkoby 355 Town Conter Rd	_ Suite 33'	861 ↓86 □ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S MAIZES, ISAAC 5355 TOWN CENTER RD SUITE	□ DELETE	12N 13S 14C 21T 22N 23S 24G 31T 32N	TREET ADDRES TITLE LAME TREET ADDRES CITY-ST-ZIP TITLE LAME TREET ADDRES LAME LAM	S B	hlomo 'Alkoby 355 Town Conter Rd	_ Suite 33'	861 ↓86 □ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S MAIZES, ISAAC 5355 TOWN CENTER RD SUITE	□ DELETE : 801 □ DELETE □ DELETE	12N 139 14C 21T 22N 23S 24(31T 32N 33S 34.0 4.1T 4.21 43S 44C 5.11	TREET ADDRES THY-ST-ZIP THE LAME TREET ADDRES CITY-ST-ZIP THE LAME LAM	8\S	hlomo 'Alkoby 355 Town Conter Rd	Change	861	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S MAIZES, ISAAC 5355 TOWN CENTER RD SUITE	BO1 DELETE BO1 DELETE DELETE	12N 13S 14C 21T 22N 23S 241 31T 32N 33S 34.0 4.1T 4.21 4.9S 4.4C 5.1T 5.2N	TREET ADDRES TY-ST-ZIP TITLE IAME TREET ADDRES CITY-ST-ZIP TITLE IAME TREET ADDRES CITY-ST-ZIP TITLE TITLE TREET ADDRES	8 S	hlomo 'Alkoby 355 Town Conter Rd	☐ Change	861	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S MAIZES, ISAAC 5355 TOWN CENTER RD SUITE	BO1 DELETE BO1 DELETE DELETE	12N 13S 14C 21T 22N 23S 241 31T 32N 44.T 4.21 43S 44C 5.1T 52N 53S	TREET ADDRES TITLE IAME TREET ADDRES TITLE IAME TREET ADDRES CITY-ST-ZIP TITLE IAME TREET ADDRES CITY-ST-ZIP TITLE TREET ADDRES CITY-ST-ZIP	8 S	hlomo 'Alkoby 355 Town Conter Rd	☐ Change	861	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	5355 TOWN CENTER RD SUITE BOCA RATON FL 33486 S MAIZES, ISAAC 5355 TOWN CENTER RD SUITE	BO1 DELETE BO1 DELETE DELETE	12N 13S 14C 21T 22N 23S 241 31T 32N 44.T 4.21 43S 44C 5.1T 52N 53S	TREET ADDRES TY-ST-ZIP TITLE IAME TREET ADDRES CITY-ST-ZIP TITLE IAME TREET ADDRES CITY-ST-ZIP TITLE TREET ADDRES CITY-ST-ZIP	8 S	hlomo 'Alkoby 355 Town Conter Rd	☐ Change	861	

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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 accordate 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 empreced of 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 with all other like empowered.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90137 043 ***150.00