

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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90073 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000068557**

1. Corporation Name

**EMPAC ENTERPRISE OF USA, CORP.**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/07/1997**

4. FEI Number

**65-0774117**

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 Tax. ☐ Yes ☐ No

Principal Place of Business

**721 SE 17TH ST  
FT LAUDERDALE FL 33316**

Mailing Address

**721 SE 17TH ST  
FT LAUDERDALE FL 33316**

2. Principal Place of Business

**21 1001 N. Federal Hwy**

Suite, Apt. #, etc.

**22 suite 205**

2a. Mailing Address

**26 1001 N. Federal Hwy,**

Suite, Apt. #, etc.

**27 suite 205**

City & State

**23 Hallandale, FL**

City & State

**28 Hallandale, FL**

Zip

**24 33009**

Country

**25 USA**

Zip

**29 33009**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**STEINER, PETER**

**721 SE 17TH ST**

**FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

**Steiner Peter**

82 Street Address (P.O. Box Number is Not Acceptable)

**712-7th Street**

83

**Green Acres Village**

84 City

**Pembroke Park**

**FL**

85 Zip Code

**33009**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	PS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINER, PETER</b>	1.2 NAME	<b>Steiner, Peter</b>
STREET ADDRESS	<b>1 RUE CHENIER, ST PHILIPPE</b>	1.3 STREET ADDRESS	<b>712-7th St. Green Acres Village</b>
CITY-ST-ZIP	<b>QUEBEC CANADA, J0L 2K0</b>	1.4 CITY-ST-ZIP	<b>Pembroke Park, FL 33009</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE:

**X** **SIGNATURE REQUIRED**

**3-31-1999**

Date

Daytime Phone #