CORPORATION ANNUAL REPORT 1999



DOCUMENT # **P97000077048**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

99 JUN 25 AM 9: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| OCTAGO  | ON USA, INC.                            |                    |              |                       |      | /                |                |                                   |                 |                          | <b>16</b>    1 <b>16</b>    <b>16</b> |                           |
|---|---|--------------------|--------------|-----------------------|------|------------------|----------------|-----------------------------------|-----------------|--------------------------|---------------------------------------|---------------------------|
| Principal Place of Business         Mailing Address           1325 NW 93RD CT #B-114         1325 NW 93RD CT #B-114           MIAMI FL 33172         MIAMI FL 33172           US         US   |   |                    |              |                       |      |                  |                | ! I <b>FT</b>     <b> </b>        |                 | RITE IN THIS             |                                       | I DIDDI MIR 1881          |
|   |   |                    |              |                       |      |                  |                | Date Incorpora<br>09/05/1997      | ted or Qualifed | J                        |                                       |                           |
| · ·   | lace of Business                        |                    | Address      |                       |      |                  | 1              | FEI Number                        |                 |                          | 1 i                                   | pplied For                |
| Suite, Apt.   | # etc                                   | 26                 | Apt. #, etc. |                       |      |                  |                | 65-0779409                        | <u> </u>        |                          |                                       | ot Applicable Additional  |
| 27  |   |                    |              | _,                    |      |                  | _              | Certificate of St                 |                 |                          | Fee R                                 | equired                   |
| City & State  | 6                                       | —                  | City & State |                       |      | _                | Election Campa | -                                 |                 |                          | May Be                                |                           |
| Zip   | Country                                 | 28  <br>  Zip      |              | Coun                  | try  |                  | <del></del>    | Trust Fund Cor<br>This corporatio |                 | rrent year Int           | ·                                     | to Fees                   |
| 24  | 25                                      | 29                 | [3           | 30                    | ,    |                  |                | Personal Prope                    |                 | nen year na              | Yes                                   | □No                       |
|   | 9. Name and Address of                  |                    |              |                       |      |                  |                | Name and Ad                       | <del></del>     | Registered               | Agent                                 |                           |
| ADDILLOON FOULDS 1 500  |   |                    |              |                       |      |                  |                |                                   |                 |                          |                                       |                           |
| ABRAMSON, EDWARD J ESQ<br>7270 NW 12TH STREET   |   |                    |              |                       | B2   | Street Add       | ldress (P.     | O. Box Number                     | l is Hot Hoof B | <b>a</b> bbe};⊃ <b>1</b> | 421                                   | 9                         |
| SUITE 580   |   |                    |              |                       | 83   |                  |                |                                   |                 | 11 <del>799</del> 1      |                                       |                           |
| MIAN  | AI FL 33126                             |                    |              | ļ.                    | _    |                  |                |                                   | ****            | <u> 150,00</u>           | - <del></del> -                       |                           |
|   |   |                    |              | {                     | 84   | City             |                |                                   |                 | FL                       | 85 Zip                                | Code                      |
| 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. |   |                    |              |                       |      |                  |                |                                   |                 |                          |                                       | s registered<br>egistered |
| SIGNATURE   |   |                    |              |                       |      |                  |                |                                   |                 |                          |                                       |                           |
| 12.   | Signature, typed or printed name of re- | DERS AND DIRECTORS |              | 13.                   | gent | signature requir |                | onstating)<br>ADDITIONS/CH        | ANGES TO O      | DATE                     | D DIRECT(                             | 2DC IN 12                 |
| TITLE   | PSO                                     | DENS AND DIRECTORS | DELETE       | 1.1 TITU              | E    | r                | ^              | NODITIONS/CH                      | ANGES 100       | FFICERS AN               | Change                                | Addition                  |
| NAME  | MONTEFUSCO, ANGEL                       | . R                |              | 1.2 NAM               | AE.  |                  |                |                                   |                 |                          | - •                                   |                           |
| STREET ADDRESS  | 13912 SW 91 TERRACI                     |                    |              | 1.3 STR               | EET/ | ADDRESS          |                |                                   |                 |                          |                                       | .                         |
| CITY-ST-ZIP   | MIAMI FL 33186                          |                    |              | 1.4 CITY              | rst. | · ZIP            |                |                                   |                 |                          |                                       | - 1                       |
| TITLE   |   |                    | DELETE       | 2.1 TITL              | E    |                  |                |                                   |                 |                          | Change                                | Addition                  |
| NAME  |   |                    |              | 2 2 NAM               | Æ    |                  |                |                                   |                 |                          |                                       |                           |
| STREET ADDRESS  |   |                    |              | 2.3 STR               | EET  | ADDRESS          |                |                                   |                 |                          |                                       |                           |
| CITY-ST-ZIP   |   |                    |              | 2 4 CIT               | Y-ST | r-ZIP            |                |                                   |                 |                          |                                       |                           |
| TITLE   |   |                    | ☐ DELETE     | 3 1 TML               |      | 1                |                |                                   |                 |                          | Change                                | ☐ Addition                |
| NAME  |   |                    |              | 3.2 NAM               |      | [                |                |                                   |                 |                          |                                       |                           |
| STREET ADDRESS  |   |                    |              | i i                   |      | ADDRESS          |                |                                   |                 |                          |                                       |                           |
| CITY-ST-ZIP   |   |                    | DELETE       | 34. CIT               |      | ZIP              |                |                                   |                 |                          | ☐ Change                              | ☐ Addition                |
| TITLE   |   |                    | [] DELETE    | 4.1 TITU              |      |                  |                |                                   |                 |                          | [] Criange                            | LI AGGIGGE                |
| NAME<br>STREET ADDRESS  |   |                    |              | 4. 2 NAN              |      | ADDRÉSS          |                |                                   |                 |                          |                                       | 1                         |
|   |   |                    |              | J                     |      | j j              |                |                                   |                 |                          |                                       | 1                         |
| CITY-ST-ZIP<br>TITLE  |   |                    | DELETE       | 4.4 CITY<br>5.1 TITLE |      | - 2117           |                | ···-                              |                 |                          | Change                                | Addition                  |
| NAME  |   |                    |              | 52 NAM                |      |                  |                |                                   |                 |                          |                                       |                           |
| STREET ADDRESS  |   |                    |              |                       |      | ADDRESS          |                |                                   |                 |                          |                                       |                           |
| CITY-ST-ZIP   |   |                    |              | 5 4 CITY              |      |                  |                |                                   |                 |                          |                                       |                           |
| TITLE   |   |                    | DELETE       | 6 1 TITL              | E.   |                  |                |                                   |                 |                          | Change                                | [ ] Addition              |
| NAME  |   |                    |              | 62 NAM                | Æ.   | i                |                |                                   |                 |                          | _                                     | 1                         |
| STREET ADDRESS  |   |                    |              | 63 STR                | EE1/ | ADDRESS          |                |                                   |                 |                          |                                       | ,                         |

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 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 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 of Block 12 or Block 13 if changed to on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

June 17, 1999

Florida Department of State

Dear Sirs:

Attached you will find my completed Profit Corporation Annual Report 1999. I understand that it is consider late, but I would appreciate if you can abate the late payment at this time. This report was inadvertainly mailed with the corporations' tax return and mailed to Atlanta, GA in error.

I would ask that you please accept my report and check #1165 at this time.

Thanking you in advance for your cooperation.

Octagon USA, Inc.