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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700096751 (7)

GESTION MARLIN U.S., INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9200 SOUTH MILITARY TRAIL UNIT 42 1520 NE 32ND STREET FORT LAUDERDALE FL 33334 **BOYNTON BEACH FL 33436** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-079 21 Not Applicable 26 Suite, Apt. #, etc Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζıp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COUTURE, MICHEL 1520 NE 32ND STREET 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33334 83 84 City 85 Zip Code 11. Pursuant to the provisions office or registered agent agent. I am familiar with and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ion of Section 607,0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) DIFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Addition **BUSSIERES. RENE** NAME 1.2 NAME 9200 SOUTH MILITARY TRAIL UNIT 42 STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21111LF Change Addition 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 for 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 coefficient or the receiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment y N an address.

SIGNATURE: Y LONG Survey