PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 27, 1999 8:00 am **Secretary of State**

02-27-1999 90076 037 ***150.00

DOCUMENT # PO70009248

PETR (USA) INC.									
Principal Place of Business Mailing Address							i illinidal ita ilisii souti outii abii		
2400 EAST COMME FORT LAUDERDALE	ercial blvd suite 820 E FL 33308	2400 EAST COMMERCIAL BLVD SUITE 820 FORT LAUDERDALE FL 33308				DO NOT WRIT	Ell		
						3.	Date Incorporated or Qualifed 11/18/1997		
2. Principal Place	of Business	2a. Mailing Address				4.	FEI Number		
21		26				-	NOT APPLICABLE		
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		
City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution		
Zip	Country 25	Zip 29	30 Co	untry		8.	This corporation owes the curre Personal Property Tax.	nt y	
	9. Name and Address of Cu	rrent Registered Agent				10.	Name and Address of New R	egi	
	THOMAS M AST COMMERCIAL BLVD	SUITE 820		81 82	Name Street Add	dress (F	O. Box Number is Not Acceptal	ble)	

Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

WNo

	DO NOT WRITE IN	THIS	SPAC
3.	Date Incorporated or Qualifed		

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

FUNT LAUDENDALE PL 33300							ļ		
		84	4,	FL		Zip Cod			
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	DIRE	CTORS	IN 12		
TITLE	D DELETE	1.1 TITLE		T	Cha	nge	Addition		
∖AME	PETROVSKY, KEITH S	1.2 NAME							
STREET ADDRESS	235 SENNEVILLE ROAD SENNEVILLE, QUEBEC	1.3 STREET	TADDRESS	s					
CITY-ST-ZIP	CANADA H9X 3L2	1.4 CITY-S	T-ZIP						
TITLE	D DELETE	2.1 TITLE			Cha	nge	Addition		
IAME	MALO. JEAN-PIERRE	2.2 NAME							
STREET ADDRESS	4335 CHEMIN DU SOUVENIR CHOMEDEY, QUEBEC	2.3 STREE	TADORESS	s					
CITY-ST-ZIP	CANADA H7W 1B8	2. 4 CITY-5	ST-ZIP						
TITLE	☐ OELETE	31 TITLE		The second secon	· Cha	nge —	Addition		
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREE	T ADDRESS	s					
CITY-ST-ZIP		3.4. CITY-5	T-ZIP				T A statistics		
TITLE	☐ O€LETE	41 TITLE			Cha	nge	☐ Addition		
VAME		4. 2 NAME							
STREET ADDRESS		4.3 STREE	TADDRESS	S			-		
CITY-ST-ZIP		4.4 CITY-S	T-ZIP				Addition		
TITLE	DELETE	5.1 TITLE			☐ Cha	nge	Acciden		
NAME		5.2 NAME	T . DOD						
STREET ADDRESS		5.3 STREE		5					
CITY-ST-ZIP	C DELETE	6.1 TITLE	11-ZIP		☐ Cha	nge	Addition		
TITLE	☐ DELETE	6.2 NAME				Ap			
NAME			T ADDOCO	e					
STREET ADDRESS		6.3 STREET		3					
CITY-ST-ZIP		64 CITY-S	1. ZIP	A CONTROL OF THE CONT		مامد المام			

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 amphal 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 of the receive 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 prior an attachment with an address, with all other like empowered.

SIGNATURE:

JIKED OFFICER OR DIRECTOR