FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED 98 DEC 24 PM12: 22 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION. Sandra B. Mortham GECRETARY OF STATE TALLAHASSEE, FLORIDA ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P97000102024 (1) P.G. ENTERPRISE (USA) INC. Principal Place of Business Mailing Address 721 S.E. 17TH ST. 721 S.E. 17TH ST. FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0799 106 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 30 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAMOTHE, FERNAND 721 S.E. 17TH ST. Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33316 83 City 85 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE GRENIER, PIERRE 1,2 NAME NAME 700002726497--0. -12/30/98--01065--007 202 RANG STE-MARIE, CHAMPLAIN, QUEBEC STREET ADDRESS 1.3 STREET ADDRESS CANADA GOX 1CO CITY - ST - ZIP 1.4 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*\*150.00 Addition DELETE 2.1 TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE \_\_\_ Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4111115 TITLE MANE 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5,1 TITLE THE 10/29 NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

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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 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 fustee empowered 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 with an actings. 04/15/98 424-298-8248

Addition

Change