

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90204 024 ***150.00

DOCUMENT # P97000105060

1. Corporation Name
LUBRI LAB INTERNATIONAL INC.

Principal Place of Business
721 S.E. 17TH STREET
FORT LAUDERDALE FL 33316

Mailing Address
721 S.E. 17TH STREET
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/15/1997

4. FEI Number
65-0780108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 499 E. SHERIDAN ST.
Suite, Apt. #, etc.

22 SUITE 202
City & State

23 DANIA FL
Zip

24 33004 Country

2a. Mailing Address

26 499 E. SHERIDAN ST.
Suite, Apt. #, etc.

27 SUITE 202
City & State

28 DANIA, FL
Zip

29 33004 Country

9. Name and Address of Current Registered Agent

LAMOTHE, FERNAND
721 S.E. 17TH STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name TREMBLAY, JACQUES
82 Street Address (P.O. Box Number is Not Acceptable)
499 E. SHERIDAN ST. Suite 202
83
84 City DANIA FL 85 Zip Code 33004

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 not applicable.

JACQUES TREMBLAY 1-29-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME TREMBLAY, JACQUES
STREET ADDRESS 1147 ROUILLARD, MONT ST-HILAIRE
CITY-ST-ZIP QUEBEC, CANADA J3G 4S6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P.
1.2 NAME TREMBLAY, JACQUES
1.3 STREET ADDRESS 499 E. SHERIDAN STREET Suite 202
1.4 CITY-ST-ZIP DANIA, FL 33004

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Signature and typed or printed name of signing officer or director

January 25th 99 450 4491626

Date

Daytime Phone #

CR2E034 (11/98)

0297461