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

# FILED
# May 29, 1999 8:00 am
# Secretary of State

05-29-1999 90019 087 ***150.00
05-29-1999 90019 088 *****8.75

PROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # P98000085574 ✓

1. Corporation Name
Eurofund U.SA. INC. ✓

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

2. Principal Place of Business
21 750 SPHANISH RIVER BLVD
22 110
23 BOCA RATON FL
24 33431 25 USA

2a. Mailing Address
26 75 DOMAINE PAGÉ
27
28 ST-SAUVEUR-DES-MTS QUÉ
29 JOR1R3 30 CANADA

4. FEI Number 65-090 3612 142/12 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name CHRISTINE MARCHAND-MANZÉ
82 Street Address (P.O. Box Number is Not Acceptable) 6163 Amberwoods Dr.
83
84 City BOCA RATON FL 85 Zip Code 33433

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 _____ CHRISTINE M. MANZÉ 04-29-99
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 DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PRESIDENT | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ANDRÉ CHARTRAND | | 1.2 NAME | | |
| STREET ADDRESS | 75 DOMAINE PAGÉ | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. SAUVEUR QUÉ CAN JOR1R3 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VICE PRESIDENT | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FRANCE PAGÉ | | 2.2 NAME | | |
| STREET ADDRESS | 75 DOMAINE PAGÉ | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST-SAUVEUR QUÉ CANADA JOR1R3 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:** ANDRÉ CHARTRAND _____ April 27, 1999 450 227-5191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)