

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

DOCUMENT # P98000056409

1. Corporation Name
HONNETALER CHAIN U.S.A., INC.

Principal Place of Business
C/O DONALD K. CORBIN, ESQUIRE
727 N.E. 3RD AVENUE, SUITE 301
FORT LAUDERDALE FL 33304

Mailing Address
C/O DONALD K. CORBIN, ESQUIRE
727 N.E. 3RD AVENUE, SUITE 301
FORT LAUDERDALE FL 33304

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
30

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90004 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/22/1998

4. FEI Number
Applied For
Not Applicable

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

6. Election Campaign Financing
\$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
CORBIN, DONALD L ESQ
C/O DONALD K. CORBIN, ESQUIRE
727 N.E. 3RD AVENUE, SUITE 301
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, CHRISTOPH		1.2 NAME	
STREET ADDRESS	727 N.E. 3RD AVENUE, SUITE 301		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		1.4 CITY-ST-ZIP	
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIENVENU, PIERRE		2.2 NAME	
STREET ADDRESS	727 N.E. 3RD AVENUE, SUITE 301		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

V2B02 Bienvenu PIERRE. MARCH 11, 1999 9154.761.7607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0281074