

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 # P98000059610

1. Corporation Name
CASCADE USA INC.

Principal Place of Business

721 SE 17 STREET
FT LAUDERDALE FL 33316

Mailing Address

721 SE 17 STREET
FT LAUDERDALE FL 33316

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90048 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

65-0847695

Applied For

Not Applicable

5. Certificate 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

2. Principal Place of Business

21 **4700 Washington ST**
Suite, Apt. #, etc.

2a. Mailing Address

26 **4700 Washington ST**
Suite, Apt. #, etc.

22 **APT 304 buildg 17**
City & State

27 **APT 304 buildg 17**
City & State

23 **Hollywood FL**
Zip Country

28 **Hollywood FL**
Zip Country

24 **33021** 25 **USA**

29 **33021** 30 **USA**

9. Name and Address of Current Registered Agent

LAMOTHE, FERNAND
721 SE 17 STREET
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

Rejean Leduc

82 Street Address (P.O. Box Number is Not Acceptable)

1001 N. Federal Hwy

83

suite 205

84 City

Hallandale

FL

85 Zip Code

33009

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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CLOUTIER, DONAT**
CITY-ST-ZIP **937 RUE LAMBERT**
SHWAINGIGAN QUE, CA. G9N4E9

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **TREPANIER, JOHANNE**
CITY-ST-ZIP **937 RUE LAMBERT**
SHWAINGIGAN QUE, CA. G9N4E9

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **Cloutier, Donat**
1.4 CITY-ST-ZIP **4700 Washington St. #304, Bldg 17**
Hollywood, FL 33021

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **SD**
2.3 STREET ADDRESS **Trepannier, Johanne**
2.4 CITY-ST-ZIP **4700 Washington St. #304, Bldg 17**
Hollywood, FL 33021

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 or 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

Date

Daytime Phone #

CR2E034 (1/98)