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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90140 011 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000062050

1. Corporation Name

HIGH TECH PRODUCTS OF USA, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 1222 N.E. 4th AVE

26 1222 N.E. 4th AVE

65-0850976

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 FT-LAUDERDALE, FL

28 FT-LAUDERDALE, FL

Zip Country

Zip Country

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

24 33304

25 USA

29 33304

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNAND LAMOTHE
721 S.E. 17th STREET
FT-LAUDERDALE, FL 33316

81 Name **MARC LABOSSIERE**

82 Street Address (P.O. Box Number is Not Acceptable)
1222 N.E. 4th AVENUE

83

84 City **FORT LAUDERDALE, FL** 85 Zip Code **33304**

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: Marc Labossiere

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/1/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **P/
GABRIEL THIBODEAU**
STREET ADDRESS **10805 BARRED OWL CIR**
CITY-ST-ZIP **ESTERO, FL 33928**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE

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5.4 CITY-ST-ZIP

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6.1 TITLE

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6.4 CITY-ST-ZIP

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TITLE ☐ DELETE

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7.4 CITY-ST-ZIP

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8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

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9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

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21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

22.1 TITLE

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

23.1 TITLE

23.2 NAME

23.3 STREET ADDRESS

23.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

Gabriel Thibodeau **Gabriel Thibodeau**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)