

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90085 032 ***150.00

DOCUMENT # P98000063740
1. Entity Name
 STRUCTUTRES DE BEAUCE USA INC.

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 1401 DEWEY STREET Suite, Apt. #, etc. | 3. Mailing Address 1401 DEWEY STREET Suite, Apt. #, etc. |
|---|---|

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| | |
|--|--|
| City & State HOLLYWOOD, FL | City & State HOLLYWOOD, FL |
| Zip 33020 | Country USA |

| | |
|--|---|
| 4. FEI Number 65-0851002 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
1401 DEWEY STREET

City HOLLYWOOD FL Zip Code 33020

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|---|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Department of State. | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

11. OFFICERS AND DIRECTORS

| | | | |
|--------------------------------------|---|------------------------|--|
| TITLE DP | NAME DROUIN BENOIT | TITLE | |
| STREET ADDRESS 305 DU PARC | CITY - ST - ZIP ST-ODILON, QC G0S 3A0 | STREET ADDRESS | |
| TITLE SD | NAME DESPRES PIERRE | TITLE | |
| STREET ADDRESS 305 DU PARC | CITY - ST - ZIP ST-ODILON, QC G0S 3A0 | STREET ADDRESS | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Benoit Drouin* Benoit Drouin March 15 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (1201)