

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90026 036 \*\*\*\*150.00

DOCUMENT - 1

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA</b> <b>Ka</b> <b>Si</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000073843**

1. Corporation Name

LE TECHNICE USA, INC.

Principal Place of Business

7258 NW 70TH ST  
MIAMI FL 33166

Mailing Address

7258 NW 70TH ST  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1998

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

 FRAJUCH, MAURICIO  
 7258 NW 70TH ST  
 MIAMI FL 33166

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

TITLE	D	<input type="checkbox"/> DELETE	NAME
NAME	WASSERMAN, GABRIEL		
STREET ADDRESS	VIAMONTE 657, 1 PISO		
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA		
TITLE	D	<input type="checkbox"/> DELETE	NAME
NAME	DE WASSERMAN, CARLA VINOGRAD		
STREET ADDRESS	VIAMONTE 657, 1 PISO		
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA		
TITLE		<input type="checkbox"/> DELETE	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
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 if changed, or on an agreement with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)