	PLEASE F	READ ALL IN:	STRUCTION:	S BEFORE (COMPLET	ING THIS FOR	М.		
AP RELA			DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		7				
DOCUMENT # P98000088416						99 DEC 30 PM 4:49			
	IAFORM USA, INC.		(99.4		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
3333 D Unit A Key We	st, Florida 33040		same	Pal				. •	
· · · · · · · · · · · · · · · · · · ·	addresses are incorrect in any wa incipal Office Address, If Applica		information and enter correction below. ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt			#, etc.		5. FEI Numbe	10/	16/98 _×	Applied For	
City & State City & St					6.			Not Applicabl	
Zip	Country	Zip	Count	try		E OF STATUS DESIRED	Sii/A=Agoina == or=f21 -11	inri∎a : as :-::::: := ::	
	and Street Addresses of Each O Name of Of	fficers	St	reet Address of Each					
Title(s)	and/or Directors 3 (D			Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip			
PSD Amar, Haim 3333				nAvenue, Un	it A104	Key West, Fl	orida 3	3040	
VTD _.	VTD Amar, Michael			3333 Duck Avenue, Unit A104			orida 3	3040	
<u> </u>			į		•		•	·	
					00030952463 -01/11/0001099001 ****150.00 ****150.00				
							. /		
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registere	d Agent		
343	riLawyer Almeria Avenue alGGables, Florid		Spiegel & Utr Street Address (P.O. Box Number i 343 Almeria A Suite, Apt. #, Etc.						
, / .				City		Sía F	ite Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obling signature of Registered Agent By:						on 607.0505, F.S.	199	134	
	Natalia Ut	reras TECEDA				Date			
11. Thi Inta	s corporation owes angible Personal Pr	or has paid the operty tax due	he current yea e June 30.	ar Yes 🔲	No 🔲		side for inform angible tax.)	iation	
this reins owed by	that I am an officer or director or statement application, the reason the corporation have been paid application is true and accurate, a	for dissolution has beg and the names of indig	n eliminated, the corpo due is listed on this for	prate name satisfies th m do not qualify for ar	ne requirements on exemption und	of section 607 0401 or 617	0401 FS th	nat all fees	
SIGNAT		D OR PRINTED NAME OF	SIGNING OFFICER OR D	DIRECTOR	-	12/28/4°	Daytime Phone	# .	

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

STATE OF FLORIDA) COUNTY OF MIAMI-DADE)



- 1. Haim Amar is the President of HYGIAFORM USA, INC., a Florida corporation, (hereinafter "Corporation").
- 2. That the Corporation was administratively dissolved by the Florida Department of State on September 24, 1999.
- 3. That the Corporation failed to file its 1999 Annual Reports or pay the 1999 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- 4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 1999 Annual Report fees and the filing of its 1999 Annual Report, which are presented simultaneously with this Affidavit.
- 5. HYGIAFORM USA, INC. satisfies the requirements of the Florida Statutes 607.0401.
- 6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: Zay of December, 1999

FURTHER, AFFIANT SAYETH NOT

HYGIAFORMUSA, INC.

By: Haim Amar, President

before me this 22 day of _______

Notary Public, State of Florida at Largei

Printed Name: MATOLO VICONS

Commission Expires:

ý