

**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

FILED  
Sep 19 1999 8:00 am  
Secretary of State

DOCUMENT # P98000093313

1. Corporation Name  
AEROCEL TIC USA CORP.



Principal Place of Business: C/O TERENCE F. BRENNAN, ESO, 200 S ORANGE AVE. STE 2600, ORLANDO FL 32802-1526  
Mailing Address: C/O TERENCE F. BRENNAN, ESO, 200 S ORANGE AVE. STE 2600, ORLANDO FL 32802-1526

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |  |  |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 11/03/1998   |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number  |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-3540221   |  |
| 24 Country                     |  | 29 Country             |  | Applied For  |  |
|                                |  |                        |  | Not Applicable   |  |
|                                |  |                        |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  |
|                                |  |                        |  | \$8.75 Additional Fee Required   |  |
|                                |  |                        |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  |
|                                |  |                        |  | \$5.00 May Be Added to Fees  |  |
|                                |  |                        |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
C/O HOLLAND & KNIGHT LLP  
701 BRICKELL AVE., STE 3000  
MIAMI FL 33131-3209

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 |                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------------|---|--|
| TITLE                      | D / P <input type="checkbox"/> DELETE | 1.1 TITLE   | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BELANGER, GUY                         | 1.2 NAME  |  |
| STREET ADDRESS             | 238 PLACE FELIX GUYON                 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LAVAL, QUEBEC CANADA H7M9Z7           | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D / S <input type="checkbox"/> DELETE | 2.1 TITLE   | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | HILDGEN, JEAN-JACQUES                 | 2.2 NAME  |  |
| STREET ADDRESS             | 11 CHEMIN DES HIBAUDERES              | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BOUGUENAI, FRANCE 44340               | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |                                       | 3.2 NAME  |  |
| STREET ADDRESS             |                                       | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                       | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |                                       | 4.2 NAME  |  |
| STREET ADDRESS             |                                       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                       | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |                                       | 5.2 NAME  |  |
| STREET ADDRESS             |                                       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                       | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |                                       | 6.2 NAME  |  |
| STREET ADDRESS             |                                       | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                       | 6.4 CITY-ST-ZIP                                       |  |

60002936865  
-03/24/99--01088--015  
\*\*\*\*\*550.00 \*\*\*\*\*550.00

TS

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 attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 9/9/99 Daytime Phone #: 514-287-9535

CR2E034 (1/98)