## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P990000 98987  1. Entity Name MAURER IMPORT - EXPORT, INC.				05-21-2002 91151 032 ***158.75	
DO NOT WRITE IN THIS SPACE					
	South CYPRESS Rd	3. Mailing Address 11786 E. NoT.	RE-DAME ST		
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WR!T	TE IN THIS SPACE
City & State	POMDANO BEACH, FL	City & State MONTREAL	OVEBEC	4. FEI Number 65 0967:	3.5.5 Applied For Not Applicable
Zip 334	Country		CANADA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
المتناطبة ومنه فا			* * *	7. Name and Address of Current	Registered Agent
DO NOT WRITE  Name MARIE GENEVIEVE PEILETIER CARBONNEAU  Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS SPA	NUE	251	SOUTH CYPRESS	Rd #147
			City Pomp	ANO BEACH	FL Zip Code 33060
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 MAKE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  OF 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Tax filing requirement and elects to do so.  After May 1, Amended		y 1. Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 o to Department of Sta	10. Election Campaign Fin Trust Fund Contribution		
11. OFFICERS AND DIRECTORS			The state of the s		
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP	PRESIDENT / V/T /5 / D MARIE G. PELLETIER - ASI SOUTH CYPRESS POMPANO BEACH		NAMÉ STŘET ADORESS CITY ST ŽÍP		CR2E1044B (1/2/01
HILE NAME STREET ADDRESS : CITY-ST-ZIP	VICE-PRESIDENT JACQUE PINE PENETIER 11786 E. NOTRE-DAME ST MONTREAL OVEREC CANADA HIB-2XS		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY: ST-200		
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TITLE			TITLE	Carlotte Comment of the Comment of t	to the said of
name Street address			NAME STREET ADDRESS		
CITY+ST-ZIP			CITY-ST-ZIP		Street
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.					