

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90032 023 ***150.00

DOCUMENT # P99000099391

1. Entity Name
MDI USA, INC.



Principal Place of Business
11959 NW 37TH STREET
POMPANO BEACH, FL 33065-2500

Mailing Address
11959 NW 37TH STREET
POMPANO BEACH, FL 33065-2500

94030628

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004

Chg-P

CR2E034 (10/03)

City & State

Coral Springs

City & State

Coral Springs

4. FEI Number

65-0961538

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGEL, ALEXANDER
11959 NW 37TH STREET
POMPANO BEACH, FL 33065-2500

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME ANTOLIN, IVAN
STREET ADDRESS 118 SANDRA DOLLARD-DES-ORMEAUX
CITY-ST-ZIP QUEBEC, CANADA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SPEAK, ROBERT
STREET ADDRESS 50 MORHANGE LORRAINE
CITY-ST-ZIP QUEBEC, CANADA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PASCHINI, JEAN
STREET ADDRESS 86 BLEURY PLACE, ROSEMERE
CITY-ST-ZIP QUEBEC, CANADA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PASCHINI, MARISE
STREET ADDRESS 8788 AETERNA
CITY-ST-ZIP ST. LEONARD, QUEBEC, CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PASCHINI, PIERRE
STREET ADDRESS 196 GRANDE COTE
CITY-ST-ZIP BOIS BRIAND QUEBEC, CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 31 2004

Date

Daytime Phone #