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 Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90044 036 ***150.00

DOCUMENT # **S08689** 1. Corporation Name

HUGO U.S., INC.

·						<u> </u>
Principal Place	e of Business	Mailing Address				
1320 GRAHAM	BLVD.	1320 GRAHAM BLVD.				
#320 #320 MONTREAL QUEBEC, CANADA H3P 3 H3P3C MONTREAL QUEBEC, CANADA H3P			H3D 3 H3I	230	DO NOT WRITE	IN THIS SPACE
MONTREAL QUEBEC. CANADA H3P 3 H3P3C MONTREAL QUEBEC. CANADA H3P US US			INF J NJ	-30	3. Date Incorporated or Qualified	
00		00			10/25/1990	
2 Principal Di	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
⊸, '	iace of Qualiess	26			98-0113713	Not Applicable
26 Suite, Apt, #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
22 27				5. Certifcate of Status Desired	Fee Required	
City & State	8	City & State -	× 3		6. Election Campaign Financing	\$5.00 May Be
23	-	28			Trust Fund Contribution	Added to Fees
Zip.	Country	Zip	Country		8. This corporation owes the current	vear Intangible
H3P	3C8 [25]	13P 3C8 30	0		Personal Property Tax.	Ŭ Yes □No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	istered Agent
			81	Name Go	odin Bernard	
GODIN, BERNARD			82			2)
C/O RIVERDALE, INC.			62	S"COYOU'I	ess (P.O. Box Number is Not Acceptable Brego Inc.	
21845 POWERLINE RD, SUITE 201			83		Poweline Rd, Suit	
BOCA RATON FL 33433					Powellne Rd, Sul	
			84	City Boca	a Raton	FL 85 33433
11. Pursuant	to the provisions of Sections 607,0502	2 and 607,1508, Florida Statutes	the above	a-named como	oration submits this statement for the ou	rpose of changing its registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was auth	norized by	the corporation	n's board of directors. I hereby accept t	ne appointment as registered
_	m ramiliar with, and accept the obligat	digits of, Section 607.0303, Florid	a Statutes	•		
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE: Re	egistered Agen	t signature required	when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	GODIN, HUBERT		1.2 NAME	1		1
STREET ADDRESS	1320 GRAHAM BLVD.#320		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN.		1.4 CITY-S	r-zip		
TITLE	ST	☐ DELETE	2.1 TITLE			Change Addition
NAME	GILLES, LAMY		2.2 NAME	1		
STREET ADDRESS	1320 GRAHAM BLVD., #320		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MONTREAL QUEBEC CA H3P3	C-8	2.4 CITY-S	ì		1
: TITLE =		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	İ		
			3.3 STREET	T ADDDESS		ì
STREET ADDRESS CITY-ST-ZIP				ADDRESS		Į.
TITLE			1			
111111111111111111111111111111111111111		□ DELETE	3.4. CITY-S			☐ Change ☐ Addition
NAME		☐ DELETE	3.4. CITY-S 4.1 TITLE			☐ Change ☐ Addition
NAME		☐ DELETE	3.4. CITY-S 4.1 TITLE 4.2 NAME	T-ZIP		☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET	T-ZIP		☐ Change ☐ Addition
STREET ADDRESS			3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	T-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET	T-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP T-ADDRESS T-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP T ADDRESS T-ZIP T ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP T ADDRESS T-ZIP T ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1, 1		3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T-ZIP T ADDRESS T-ZIP T ADDRESS		Change Addition .

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 attack per witty an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3/11/99

(514)737 - 3919