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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90044 036 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S08689			
1. Corporation Name HUGO U.S., INC.			
Principal Place of Business 1320 GRAHAM BLVD. #320 MONTREAL QUEBEC, CANADA H3P 3 H3P3C US		Mailing Address 1320 GRAHAM BLVD. #320 MONTREAL QUEBEC, CANADA H3P 3 H3P3C US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip H3P 3C8 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip H3P 3C8 29 Country	
9. Name and Address of Current Registered Agent GODIN, BERNARD C/O RIVERDALE, INC. 21845 POWERLINE RD, SUITE 201 BOCA RATON FL 33433		10. Name and Address of New Registered Agent 81 Name Godin Bernard 82 Street Address (P.O. Box Number is Not Acceptable) C/O Brego Inc. 83 21301 Poweline Rd, Suite 207 84 City Boca Raton FL 85 Zip Code 33433	
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 NAME STREET ADDRESS CITY-ST-ZIP	D GODIN, HUBERT 1320 GRAHAM BLVD.#320 MONTREAL, QUEBEC, CAN. <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILLES, LAMY 1320 GRAHAM BLVD., #320 MONTREAL QUEBEC CA H3P3C-8 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE:

Hubert Godin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

(514) 737-3919

Date

Daytime Phone #

CR2E034 (1/1/98)