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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V05279 (7)
1. Corporation Name
PADS U.S.A., INC.



Principal Place of Business
710 WEST 27TH STREET
HIALEAH FL 33010
US

Mailing Address
710 WEST 27TH STREET
HIALEAH FL 33010-1216
US

3. Date Incorporated or Qualified
01/09/1992

3a. Date of Last Report
10/18/1996

2. Principal Place of Business
21 6404 N.W. 186th St.
Suite, Apt. #, etc.
22 14
City & State
23 MIAMI
Zip
24 33015 Country
25 DADE

2a. Mailing Address
26 6404 N.W. 186th St.
Suite, Apt. #, etc.
27 14
City & State
28 MIAMI
Zip
29 33015 Country
30 DADE

4. FEI Number
65-0310163

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ALVAREZ, CHARLES
733 W 26 ST
HIALEAH FL 33010

10. Name and Address of New Registered Agent
81 Name
CHARLES H. ALVAREZ
82 Street Address (P.O. Box Number is Not Acceptable)
6404 N.W. 186th Street
83 #14
84 City
MIAMI FL 85 Zip Code
33015

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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Charles H. Alvarez* (NOTE: Registered Agent signature required when reinstating) DATE 4/1/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

PS
ALVAREZ, CHARLES H
18788 N.W. 79TH WAY
MIAMI FL 33015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPT
ROSATO, THEODOR JR
P.O. BOX 42 N/A
BANGOR PA 18013

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 and is followed by an address.

SIGNATURE: *Charles H. Alvarez* REQUIRED DATE 4/1/97 305-829-6722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)