

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V06974** (2)

1. Corporation Name
LUM-O (U.S.A.) INC.



Principal Place of Business % MARC LABOSSIERE, P.A. 2500 HOLLYWOOD BLVD SUITE 215 HOLLYWOOD FL 33020	Mailing Address % MARC LABOSSIERE, P.A. 2500 HOLLYWOOD BLVD SUITE 215 HOLLYWOOD FL 33020-6615
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3. Date Incorporated or Qualified **01/16/1992** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21 1222 N.E. 4th Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 1222 N.E. 4th Avenue Suite, Apt. #, etc.	4. FEI Number 65-0317849	Applied For Not Applicable
22 City & State 23 Fort Lauderdale, FL	27 City & State 28 Fort Lauderdale, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33304 25 U.S.	29 33304 30 U.S.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent LABOSSIERE, MARC 2500 HOLLYWOOD BLVD SUITE 215 HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent 81 Name Labossiere Marc 82 Street Address (P.O. Box Number is Not Acceptable) 1222 N.E. 4th Avenue 83 84 City Fort Lauderdale FL 85 Zip Code 33304	

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 *Marc Labossiere* (NOTE: Registered Agent signature required when reinstating) DATE **04/3/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAND, ST-HILAIRE	1.2 NAME	St-Hilaire Normand
STREET ADDRESS	2500 HOLLYWOOD BLVD SUITE 215	1.3 STREET ADDRESS	1222 N.E. 4th Street
CITY - ST - ZIP	HOLLYWOOD FL 33020	1.4 CITY - ST - ZIP	Fort Lauderdale, FL 33304
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENIS DUSABLON	2.2 NAME	
STREET ADDRESS	205 PINDERTON	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROSEMERE QU	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *St-Hilaire Normand* **Normand St-Hilaire** DATE **04/16/1997** Daytime Phone #

CR2E034 (9/96)