2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # V21106 1. Entity Name 03-25-2002 90103 026 ***150.00 MERMAID MARINE U.S.A., INC. Principal Place of Business Mailing Address 499 SHERIDAN ST. E. 499 SHERIDAN ST. E. SUITE 202 SUITE 202 DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0342731 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IERRE VILLENEUVE. PIERRE Street Address (P.O. Box Number is Not Acceptable) 1201 RIVER REACH DR SUITE 405 SUITE #117 FT LAUDERDALE FL 33314-1180 KUDERDALE 8. The above named entity submits this etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE S (NOTE: Registered Agent signatur FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE □ Delete 1301 RIVER REACH DR; SUITE 1/7 FIT LAUDERDALE, FL 39315 Change Addition NAME villeneuve, Pierre NAME STREET ADDRESS 1201 RIVER REACH DR SUITE 405 STREET ADDRESS FT LAUDERDALE FL 33315 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME 1301 RIVER REACH DR 5 SUITE 117 VILLENEUVE, PATRICK NAME 1201 RIVER REACH RD SUITE 405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AT LAUDERDALE, AL 39915 CITY-ST-ZIP ft lauderdale fl TITLE - ~ - Delete TITLE , NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered

SIGNATURE

3/6/02 954-681-6869

FILED