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FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # F93000000210 (5)

1. Corporation Name
CORIN USA LIMITED, INC.

Principal Place of Business	Mailing Address
10500 UNIVERSITY CENTER DR. #130 TAMPA FL 33612	10500 UNIVERSITY CENTER DR. #130 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1993

2. Principal Place of Business	2a. Mailing Address
21 10500 University Center Dr	26 10500 University Centre Dr.
22 Suite, Apt. #, etc. # 190	27 Suite, Apt. #, etc. #190
23 City & State TAMPA FL	28 City & State TAMPA FL
24 Zip 33612 / 25 Country	29 Zip 33612 / 30 Country

4. FEI Number: NOT APPLICABLE ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LANGFORD, MIKEY
10500 UNIVERSITY CENTER DR.
#130
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: LANGFORD, MIKEY
82 Street Address (P.O. Box Number is Not Acceptable): 10500 UNIVERSITY CENTER DRIVE
83 #190
84 City: TAMPA FL 85 Zip Code: 33612

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CORRANCE, CRAIG		1.2 NAME		
STREET ADDRESS	8801 HUNTERS LAKE DRIVE, APT. 916		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PICKFORD, MARTIN		2.2 NAME		
STREET ADDRESS	CIRENCESTER, GLOUCESTERSHIRE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLAND		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JACK		3.2 NAME		
STREET ADDRESS	MOONS WELL, BOURNES GREEN		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLAND		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KINSMAN, PETER		4.2 NAME		
STREET ADDRESS	CIRENCESTER, GLOUCESTERSHIRE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLAND		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: SIGNATURE REQUIRED 1.5.98 813 977 4469 813 977 4469