


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000088131
 1. Entity Name
AMSPROP USA HOLDING, INC.



Principal Place of Business Mailing Address
 2070 NORTH OCEAN BLVD. #3 2070 NORTH OCEAN BLVD. #3
 BOCA RATON, FL 33429 BOCA RATON, FL 33429

DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 05-0551213 Not Applicable

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

6. Name and Address of Current Registered Agent
 LEVIN, ZVI
 2070 NORTH OCEAN BLVD. #3
 BOCA RATON, FL 33429

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

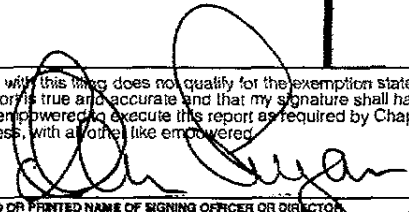
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUGAR, SIR A
STREET ADDRESS	POST OFFICE BOX 4110
CITY-ST-ZIP	BOCA RATON, FL 33429
TITLE	D
NAME	SUGAR, DANIEL
STREET ADDRESS	POST OFFICE BOX 4110
CITY-ST-ZIP	BOCA RATON, FL 33429
TITLE	D
NAME	BARON, LOUISE
STREET ADDRESS	POST OFFICE BOX 4110
CITY-ST-ZIP	BOCA RATON, FL 33429
TITLE	D
NAME	SANDY, COLIN MR.
STREET ADDRESS	POST OFFICE BOX 4110
CITY-ST-ZIP	BOCA RATON, FL 33429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  01/12/04 561-391-9233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 ALAN SUGAR