

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P04681 (3)

1. Corporation Name
ECONOCOM-USA, INC.



Principal Place of Business: **965 RIDGE LAKE BLVD. SUITE 207 MEMPHIS TN 38120 US**
Mailing Address: **866 RIDGEWAY LOOP RD 205 MEMPHIS TN 38120 US**

3. Date Incorporated or Qualified: **01/17/1985**
3a. Date of Last Report: **07/21/1995**
4. FEI Number: **62-0937350**
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

2. Principal Place of Business: **21 965 RIDGE LAKE BLVD.**
Suite, Apt. #, etc.: **22 207**
City & State: **23 MEMPHIS, TN**
Zip: **24 38120** Country: **25 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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

Signature typed or printed name of signatory and title of signatory

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	BOUCHARD, JEAN-LOUIS	
STREET ADDRESS	12 AVENUE BOSQUET	
CITY - ST - ZIP	75007 PARIS, FRANCE	
TITLE	C	<input type="checkbox"/> DELETE
NAME	THOMAS, KEVIN	
STREET ADDRESS	7421 RICHMOND	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DRAKE, MICHAEL	
STREET ADDRESS	3548 KENWOOD	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANSKY, MITCHELL I	
STREET ADDRESS	1683 BRYN MAWR COVE	
CITY - ST - ZIP	MEMPHIS TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 officer 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 an amendment with an address.

SIGNATURE: *Kevin Thomas, CFO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (901)681-4242
DATE PHONE #

CR2E034 (12/95)