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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000069038 (6) DOCUMENT

RACINE USA INC.

Principal Place of Business

Mailing Address

FILED Feb 21 1997 8:00am Secretary of State



14425 SW 93 T MIAMI FL 3318		14425 SW 83 TERRACE MIAMI FL 33186-1055			
				3. Date Incorporated or Qualified 10/05/1993	3a. Date of Last Report 04/10/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0440687	Not Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	:	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032,
<u></u>	9. Name and Address of C			10. Name and Address of New Re	
I AW	FIRM OF LAWRENCE J SF	NEGEL CHARTERED	81 Name		
	ALMERIA AVE	ILOLE OITSIICHED			
	RAL GABLES FL 33134		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
			84 City	· .	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statuti	es, the above-named co	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered
office or re agent. Lai	egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such change was a phligations of Section 607,0505. Flo	autnorized by the corpora orida Statutes.	ation's board of directors. I hereby accep	it the appointment as registered
	The first transfer to the control of			• .	*
SIGNATURE	Signature, typed or printed name of registe	ed agent and title if applicable [NOTI	E: Registered Agent signature reg	rulred when reinstating)	DATE
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
THTLE	P	☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	WONG, VICTOR		1.2 NAME		, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	14425 SW 93RD TERR		1.3 STREET ADDRESS		
CHY-SI-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	1118 4717 7 1	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADORESS		
CITY - S1 - ZIP		D DELETE	2.4 CITY-ST-ZIP		Channe L Addition
TITLE		☐ DELETE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
DITY-ST-ZIP			3.4. CITY-ST-ZIP	·	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-2IP			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		
0111.91.5%			■ 0.* O(11-31*4F		

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:

705-385-8340