

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 17 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000080729 (5)**

1. Corporation Name
JACARANDA (USA), INC.

Principal Place of Business Mailing Address
**GRAPE TREE 600
MAR AZUL - 5A NORTH
KEY BISCAYNE FL 33149** **GRAPE TREE 600
MAR AZUL - 5A NORTH
KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1993		3a. Date of Last Report 06/24/1994	
2. Principal Place of Business 21	2b. Mailing Address 26 701 Brickell Avenue	4. FEI Number 65-0464121	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1600	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 Miami, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	29 33131	30 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**HUDSON, ROBERT F JR.
701 BRICKELL AVE.
SUITE 1600
MIAMI FL 33131**

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

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 registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President/Secretary	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE	
NAME CUSTER, CAROLINE H	12 NAME	12 NAME	
STREET ADDRESS GRAPE TREE 600, MAR AZUL - 5A NORTH	13 STREET ADDRESS	13 STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE FL 33149	14 CITY - ST - ZIP	14 CITY - ST - ZIP	
TITLE AS	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE	
NAME HUDSON JR., ROBERT F.	22 NAME	22 NAME	
STREET ADDRESS 701 BRICKELL AVENUE, SUITE 1600	23 STREET ADDRESS	23 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL	24 CITY - ST - ZIP	24 CITY - ST - ZIP	
TITLE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE	
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY - ST - ZIP	34 CITY - ST - ZIP	34 CITY - ST - ZIP	
TITLE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE	
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY - ST - ZIP	44 CITY - ST - ZIP	44 CITY - ST - ZIP	
TITLE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY - ST - ZIP	54 CITY - ST - ZIP	54 CITY - ST - ZIP	
TITLE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY - ST - ZIP	64 CITY - ST - ZIP	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)(4), 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: *Caroline H. Custer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Caroline H. Custer

4/11/95 (305) 789-8906
Date Signature (Phone #)