

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000065218 (7)**

1. Corporation Name

**WORCESTER ENTERPRISES USA, INC.**



Principal Place of Business

ONE S.E. 3RD AVE.  
SUITE 1400  
MIAMI FL 33131

Mail Address

ONE S.E. 3RD AVE.  
SUITE 1400  
MIAMI FL 33131

2. Principal Place of Business

2a. Mail Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 County

29 County

9. Name and Address of Current Registered Agent

**COPROLITE CORPORATION  
ONE S.E. 3RD AVE.  
SUITE 1400-A  
MIAMI FL 33131**

81 Name

82 Street Address, P.O. Box Number (Not Applicable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

**09/02/1994**

3a. Date of Last Report

**03/28/1995**

4. FID Number

**65-0518009**

Applied For Not Applicable

5. Corporation Status (Fee Paid)

**\$8.75 Additional Fee Required**

6. Election Corporation Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.3502 and 607.3503, 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. The above is not the appointment of a new registered agent. I am familiar with and accept the obligations of Section 607.030, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	NAME	<b>D BULMAN, MIKHAIL</b>	<input type="checkbox"/> Delet
12.2	STREET ADDRESS	<b>ONE S.E. 3RD AVE., #1400</b>	
12.3	CITY, ST, ZIP	<b>MIAMI FL 33131</b>	
12.4	TITLE	<b>D</b>	<input type="checkbox"/> Delet
12.5	NAME	<b>BULMAN, MARINA</b>	
12.6	STREET ADDRESS	<b>ONE S.E. 3RD AVE., #1400</b>	
12.7	CITY, ST, ZIP	<b>MIAMI FL 33131</b>	
12.8	TITLE		<input type="checkbox"/> Delet
12.9	NAME		
12.10	STREET ADDRESS		
12.11	CITY, ST, ZIP		
12.12	TITLE		<input type="checkbox"/> Delet
12.13	NAME		
12.14	STREET ADDRESS		
12.15	CITY, ST, ZIP		

13. ADDITIONAL REGISTERED OFFICES AND REGISTERED AGENTS

13.1	NAME	<b>D BULMAN, MIKHAIL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	STREET ADDRESS	<b>18 WYNFORD DRIVE, UNIT 403</b>	
13.3	CITY, ST, ZIP	<b>NORTH YORK ONTARIO CANADA M3C3S2</b>	
13.4	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	NAME	<b>BULMAN, MARINA</b>	
13.6	STREET ADDRESS	<b>18 WYNFORD DRIVE, UNIT 403</b>	
13.7	CITY, ST, ZIP	<b>NORTH YORK ONTARIO CANADA M3C3S2</b>	
13.8	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	NAME		
13.10	STREET ADDRESS		
13.11	CITY, ST, ZIP		
13.12	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	NAME		
13.14	STREET ADDRESS		
13.15	CITY, ST, ZIP		

14. I do hereby certify that the information given herein is true and correct, and that I am not qualified to be the registered agent in Section 199.032, Florida Statutes. I further certify that the information indicated on Block 12 is required or completed in accordance with the provisions of the statute and that the same shall have the same legal effect as if made under oath, that I am an officer or director of the corporation and the name of the officer or director is printed in Block 12 or Block 13 as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as required by the statute.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mikhail Bulman*  
**Mikhail Bulman, Marina Bulman**

*Apr 14/96*

**305-377-9353**

CR2E034 (12/95)