

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.
22 City & State
23 Zip
24 County

26 State, Apt. #, etc.
27 City & State
28 Zip
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 (If 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 of Status Desired

\$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 certifies the 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. It hereby waives the appointment as a registered agent. I am familiar with and accept the obligations of Section 607.030, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1	NAME	D BULMAN, MIKHAIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	STREET ADDRESS	18 WYNFORD DRIVE, UNIT 403	
13.3	CITY, ST. ZIP	NORTH YORK ONTARIO CANADA M3C3S2	
13.4	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	NAME	BULMAN, MARINA	
13.6	STREET ADDRESS	18 WYNFORD DRIVE, UNIT 403	
13.7	CITY, ST. ZIP	NORTH YORK ONTARIO CANADA M3C3S2	
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 supplied is true to the best of my knowledge, and that I am an officer or director of the corporation. The name of the registered agent or the name of the registered office is the result of a request by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form.

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)