


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

**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90026 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000065218**

1. Corporation Name  
**WORCESTER ENTERPRISES USA, INC.**



Principal Place of Business ONE S.E. 3RD AVE. SUITE 1400 MIAMI FL 33131	Mailing Address ONE S.E. 3RD AVE. SUITE 1400 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/02/1994**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>Suite 2130</b>	Suite, Apt. #, etc. 27 <b>Suite 2130</b>
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>65-0518009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>Suite 2130</b>
84 City
85 <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BULMAN, MIKHAIL</b>
STREET ADDRESS	<b>18 WYNFORD DRIVE UNIT 403</b>
CITY-ST-ZIP	<b>NORTH YORK ONTARIO CA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BULMAN, MARINA</b>
STREET ADDRESS	<b>18 WYNFORD DRIVE UNIT 403</b>
CITY-ST-ZIP	<b>NORTH YORK ONTARIO CA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 and the reporter 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 appointment with an address, with all other like empowerments.

SIGNATURE:  **3/12/99** **(305) 377-9353**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1.1/98)