

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000093873 (5)

1. Corporation Name

INVESTECH USA, INC.



Principal Place of Business

200 S BISCAYNE BLVD #1690
MIAMI FL 33131

Mailing Address

200 S BISCAYNE BLVD #1690
MIAMI FL 33131

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

06/19/1995

4. FEI Number

65-0542852

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

JOHNSON, ETHAN W
200 S BISCAYNE BLVD #5300
MIAMI FL 33131-2339

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature of registered agent of corporation and of applicant

Print Name of Agent and Signature Required (Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JAEGERMAN, LEONARDO
STREET ADDRESS 19707 TURNBERRY WAY
CITY-ST-ZIP NO MIAMI BEACH FL 33180

TITLE D
NAME LAURIA, GONZALO
STREET ADDRESS RES EL PORTAL APAT 8A ESTE 3
CITY-ST-ZIP LOS NARANJOS CARACAS 1060 FL

TITLE D
NAME HERDAN, LEON
STREET ADDRESS RES BALMORAL I APAT# PHA AVILA
CITY-ST-ZIP LOS DOS CAMINOS, CARACAS 1071

TITLE D
NAME CHRISTIANSEN, LUIS E
STREET ADDRESS QTA TACURI CALLE BARCELONA
CITY-ST-ZIP CLINAS. TAMANACO CARACAS 1060

TITLE D
NAME MILLAN, CESAR
STREET ADDRESS QTA ENANA AVA SUR
CITY-ST-ZIP LOS NARANJOS CARACAS 1060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/AS/D
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE VP/D
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE VP/T/D
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE S
62 NAME SAIOVICI, IDEL A
63 STREET ADDRESS 1014 NW 156 AVENUE
64 CITY-ST-ZIP PEMBROKE PINES, FL 33028

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonardo Jaegerman

4/30/96 305-358-5250

Date

Phone Number

CR2E034 (12/95)