

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000062569 (5)**

1. Corporation Name
CAG ASSOCIATES (USA), INC.



Principal Place of Business: **4934 58TH AVENUE, SOUTH ST. PETERSBURG FL 33715**
Mailing Address: **4934 58TH AVENUE, SOUTH ST. PETERSBURG FL 33715**

3. Date Incorporated or Qualified: **08/11/1995**
3a. Date of Last Report: **NONE**
4. FEI Number: **59-335 6280**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **[Redacted]**
2a. Mailing Address: **[Redacted]**
21. State, Apt. #, etc.: **[Redacted]**
22. City & State: **[Redacted]**
23. Zip: **[Redacted]**
24. Country: **[Redacted]**

9. Name and Address of Current Registered Agent
**LABARERA, MICHAEL D ESQ.
1907 WEST KENNEDY BOULEVARD
TAMPA FL 33606**

10. Name and Address of New Registered Agent
81. Name: **[Redacted]**
82. Street Address (P.O. Box Number is Not Acceptable): **[Redacted]**
83. **[Redacted]**
84. City: **[Redacted]** FL 85. Zip Code: **[Redacted]**

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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. I, the undersigned, 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 the registered agent under Florida Statutes.

SIGNATURE: *(Signed here in error & then obliterated)*

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	GILLET, C. ANTHONY	
3. STREET ADDRESS	4934 58TH AVENUE, SOUTH	
4. CITY-STATE-ZIP	ST. PETERSBURG FL 33715	
5. TITLE	VSTD	<input type="checkbox"/> DELETE
6. NAME	GILLET, JOAN KATHLEEN	
7. STREET ADDRESS	4934 58TH AVENUE, SOUTH	
8. CITY-STATE-ZIP	ST. PETERSBURG FL 33715	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	GILLET, CHARLES R.E.	
3. STREET ADDRESS	14, WESTWOOD RD	
4. CITY-STATE-ZIP	BEVERLEY, EAST YORKS, HU17 9ET. ENGLAND UK.	
5. TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	HILDYARD, PHILIPPA CLARE.	
7. STREET ADDRESS	"THE ELMS" ROES,	
8. CITY-STATE-ZIP	EAST YORKS, HU12 0LA. ENGLAND UK.	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-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)(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; that the registered agent 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 attached limited liability address.

SIGNATURE: *(Signature)* C.A. GILLET 2 Feb 96 (813) 867 6017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)