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**Jan 15 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000062569 (5)

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



Principal Place of Business Mailing Address
4934 58TH AVENUE, SOUTH ST. PETERSBURG FL 33715 **4934 58TH AVENUE, SOUTH ST. PETERSBURG FL 33715-1618**

3. Date Incorporated or Qualified **08/11/1995** 3a. Date of Last Report **02/06/1996**
4. FEI Number **59-3356280** Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

**LABARERA, MICHAEL D ESQ.
1907 WEST KENNEDY BOULEVARD
TAMPA FL 33606**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILLET, C. ANTHONY	
STREET ADDRESS	4934 58TH AVENUE, SOUTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33715	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HILDYARD, PHILLIPA CLARE	
STREET ADDRESS	"THE ELMS" ROOS	
CITY - ST - ZIP	EAST YORKS HU <i>(Incomplete) →</i>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GILLET, CHARLES RE	
STREET ADDRESS	14 WERSTOOD RD <i>(Change) →</i>	
CITY - ST - ZIP	BEVERLY EA	
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	VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GILLET, JOAN KATHLEEN	
1.3 STREET ADDRESS	4934, 58TH AVENUE SOUTH	
1.4 CITY - ST - ZIP	ST PETERSBURG, FL 33715	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HILDYARD, PHILLIPA CLARE	
2.3 STREET ADDRESS	"THE ELMS" ROOS	
2.4 CITY - ST - ZIP	HUIZOLA, U.K.	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GILLET, CHARLES R.E.	
3.3 STREET ADDRESS	"MANOR FARM HSE"	
3.4 CITY - ST - ZIP	BEVERLEY, HUITTEN, U.K.	
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 do 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 or the receiver or trustee empowered to produce 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)* (C.A. GILLET) 8 Jan '97 (813) 867 6017
DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)