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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN -3 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100492
1. Corporation Name AMERICAN MARKETING GROUP (USA), I

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3412, CLARK RD	26		12/31/98	
Suite, Apt. #, etc. 110		Suite, Apt. #, etc.		4. FEI Number	
22		27		Applied For Not Applicable	
City & State SARASOTA		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	FL	25	34231	29	
Country		Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

AMERICAN ROYER
343, PALMERA AVENUE
CORAL GABLES FL 33134

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CARMEN OBEROI <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3412 CLARK RD	1.2 NAME	3412 CLARK RD #110
STREET ADDRESS	SARASOTA FL 34231	1.3 STREET ADDRESS	SARASOTA FL 34231
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	OBEROI S <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3412 CLARK RD #110	2.2 NAME	OBEROI S
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	3412 CLARK RD #110
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	V.P. <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	Y. OBEROI	3.2 NAME	
STREET ADDRESS	3412 CLARK RD #110	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Y. OBEROI
STREET ADDRESS		4.3 STREET ADDRESS	3412 CLARK RD #110
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: S. Oberoi

7/10/99

CR2E034 (11/98)