

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S33454 (7)**  
1. Corporation Name  
**G.C.(U.S.A.), INC.**



Principal Place of Business: **CHARLES POULIOT 2243 VAN BUREN STREET. APT. 3 HOLLYWOOD FL 33020**  
Mailing Address: **CHARLES POULIOT 2243 VAN BUREN STREET. APT. 3 HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **02/22/1991**  
3a. Date of Last Report: **04/07/1995**  
4. FEI Number: **65-0246130**  
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: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent: **POULIOT, CHARLES 504 N. STATE ROAD 7 HOLLYWOOD FL 33021**  
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

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 not existing) DATE: \_\_\_\_\_

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 NAME	<b>D DROUIN, GAETAN</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS	<b>1510 DEWEY ST HOLLYWOOD FL</b>	1.2 NAME	
16 CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	1.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
2 NAME	<b>D POULIOT, CHARLES</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 STREET ADDRESS	<b>2243 VAN BUREN APT 3 HOLLYWOOD FL</b>	2.2 NAME	
18 CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	2.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
3 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 STREET ADDRESS		3.2 NAME	
20 CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
4 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 STREET ADDRESS		4.2 NAME	
22 CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
5 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS		5.2 NAME	
24 CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
6 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 STREET ADDRESS		6.2 NAME	
26 CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY - ST - 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 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: *Charles Pouliot*  
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)