

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morth
 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 33020-4940

3. Date Incorporated or Qualified
02/22/1991

3a. Date of Last Report
04/12/1996

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 State, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Co.
 29 30

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
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL 85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROUIN, GAETAN	1.2	
STREET ADDRESS	1510 DEWEY ST	1.3	ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	1.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULIOT, CHARLES	2.2	
STREET ADDRESS	2243 VAN BUREN APT 3	2.3	ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	2.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	
STREET ADDRESS		3.3	ADDRESS
CITY-ST-ZIP		3.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	ADDRESS
CITY-ST-ZIP		4.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	ADDRESS
CITY-ST-ZIP		5.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	ADDRESS
CITY-ST-ZIP		6.4	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 true 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 file 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* Date: *4-25-97* Daytime Phone: *961-7949*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)