

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004913 (9)**

1. Corporation Name
AXIS USA, INC.

Principal Place of Business
**14120 MCCORMICK DRIVE
TAMPA FL 33626**

Mailing Address
**14120 MCCORMICK DRIVE
TAMPA FL 33626-3018**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1994		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 36-3561208		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**DE VRIES, ROBERT
14120 MCCORMICK DRIVE
TAMPA FL 33626**

10. Name and Address of New Registered Agent

81	Name	BAKER, LESLIE	
82	Street Address (P.O. Box Number is Not Acceptable)		
83		2509. SUCCESS DRIVE. SUITE #1.	
84	City	ODESSA	85 Zip Code FL 33556

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 607.0503, Florida Statutes.

SIGNATURE L. BAKER DATE 2-10-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	VP & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECHERUCCI, RAFFAELE	1.2 NAME	DIEGO MONEGHINA
STREET ADDRESS	AXIS SPA-50028 TAVERNELLE	1.3 STREET ADDRESS	AXIS SPA - 50028 TAVERNELLE
CITY - ST - ZIP	VAL DI PESA, FLORENCE	1.4 CITY - ST - ZIP	VAL DI PESA, FLORENCE, ITALY
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEZZANA, FRANCESCO	2.2 NAME	BECHERUCCI, ANTONIO
STREET ADDRESS	AXIS SPA-50028 TAVERNELLE	2.3 STREET ADDRESS	AXIS SPA. 50028. TAVERNELLE
CITY - ST - ZIP	VAL DI PESA, FLORENCE	2.4 CITY - ST - ZIP	VAL DI PESA. FLORENCE. ITALY
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONACO, MARCO	3.2 NAME	MONTISCI, MARCELLO
STREET ADDRESS	AXIS SPA-50028 TAVERNELLE	3.3 STREET ADDRESS	AXIS SPA. 50028. TAVERNELLE
CITY - ST - ZIP	VAL DI PESA, FLORENCE	3.4 CITY - ST - ZIP	VAL DI PESA. FLORENCE. ITALY
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE VRIES, ROBERT	4.2 NAME	AMMANNATI, ANTONIO
STREET ADDRESS	4725 MARINE PKWY	4.3 STREET ADDRESS	AXIS SPA. 50028. TAVERNELLE
CITY - ST - ZIP	NEW PORT RICHEY FL	4.4 CITY - ST - ZIP	VAL DI PESA. FLORENCE. ITALY
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	HOPPER, DOUG	5.2 NAME	
STREET ADDRESS	18329 CYPRESS COVE RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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.

CR2E034 (9/96)