SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 13 1998 8:00am
Secretary of State

·PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P95000017331 (6)

1. Corporation Name

CORIS USA, INC.

Principal Place of Business	Mailing Address
200 S.E. FIRST ST. #503 MIAMI FL 33144 US	200 S.E. 1ST ST. #503 MIAMI FL 33144 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified **03/02/1995**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **65-0564647** — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUSANA MAZAL 200 S.E. 1ST ST. #503 MIAMI FL 33144	81 Name Timothy M. Hartley 82 Street Address (P.O. Box Number Is Not Acceptable) 80 S.W. 8th Street, Suite 2520 83 84 City Miami FL 85 Zip Code 33130

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 _Timothy M. Hartley_   9/30/98
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DR NAME ALEJANDRO A. MAZAL STREET ADDRESS 200 S.E. 1ST ST., SUITE #503 CITY-ST-ZIP MIAMI FL 33131	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☒ Addition DVP, T, S Herve Lechevalier 200 S.E. 1st St., Suite 504, Mia Fl 33131
TITLE DVP NAME FERNANDO ECHEVARRIA STREET ADDRESS 200 S.E. 1ST ST., SUITE #503 CITY-ST-ZIP MIAMI FL 33131	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DTS NAME JOSEPH POQUET STREET ADDRESS 200 S.E. 1ST ST. SUITE, #503 CITY-ST-ZIP MIAMI FL 33131	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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.

SIGNATURE: _Herve Lechevalier_ 30-SEP-98 305-371-2161