


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90010 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006442

1. Corporation Name
AMIAD U.S.A., INC.



Principal Place of Business P.O. BOX 5547 OXNARD CA 90030-5547	Mailing Address P.O. BOX 5547 OXNARD CA 90030-5547
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2220 CELSIUS AVE Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 5547 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/08/1997	
22 City & State 23 OXNARD, CA Zip Country 24 93030 25 U.S.A.		27 City & State 28 OXNARD, CA Zip Country 29 93031 30 U.S.A.		4. FEI Number 95-3724204 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARK JOLLES 6110 EDGEWATER DR., UNIT F ORLANDO FL 32810		10. Name and Address of New Registered Agent 81 Name STEPHEN FOURNIER 82 Street Address (P.O. Box Number is Not Acceptable) 3393 RENAULT CIRCLE 83 84 City NORTH FORT FL 85 Zip Code 34286	
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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 Stephen Fournier DATE 4/20/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASTER, ZALMAN D.N. CHEVEL KORAZIM ISRAEL 12335	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORLAND, YITZHAK 2220 CELSIUS AVE. OXNARD CA 93030	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRINGER, STEVE 2220 CELSIUS AVE. OXNARD CA 93030	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TSSAC ORLANDS

3/2/99

805/988-3323

Date

Daytime Phone #

CR2E034 (11/98)