

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 8:24

DOCUMENT # 243928 (9)

1. Corporation Name
U.S. GULF HOLDINGS, INC.

Principal Place of Business 250 BIRD ROAD SUITE 312 CORAL GABLES FL 33146	Mailing Address 250 BIRD ROAD SUITE 312 CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/20/1961	3a. Date of Last Report 01/11/1994
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4. FEI Number 59-1786396	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent FELJU, DAVID 250 BIRD ROAD SUITE 312 CORAL GABLES FL 33146	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____
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 PD	BARONE, NATHANIEL L JR 8270 SW 72ND STREET MIAMI FL 33143	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TSD	LAMONT, MARY P 5480 SW 65TH ROAD MIAMI FL 33155	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE D	EWEN, HENRY L 4750 SW 57TH TERRACE DAVE FL 33314	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE Director	
TITLE		3.2 NAME John Henson	
TITLE		3.3 STREET ADDRESS 250 Bird Road, Suite 312	
TITLE		3.4 CITY - ST - ZIP Coral Gables, FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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, upon an attachment with an address.

SIGNATURE: _____ DIRECTOR
Signature and typed or printed name of signing officer or director
Date: **June 6, 1995** (305)443-8868