

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 580297 (0)
 1. Corporation Name
COMPASS POINT U.S.A., INCORPORATED

Principal Place of Business 7344 S.W. 48TH ST., SUITE 102 MIAMI FL 33155	Mailing Address 7344 S.W. 48TH ST., SUITE 102 MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 612 N. Orange Ave., Suite, Apt. #, etc. Suite D 9		2a. Mailing Address 26 612 N. Orange Ave., Suite, Apt. #, etc. Suite D 9		3. Date Incorporated or Qualified 07/26/1978	
22 City & State Jupiter, Florida		27 City & State Jupiter, Florida		4. FEI Number 59-1845868	
23 Zip 33458		28 Zip 33458		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARZULLO, RALPH JEROME, SR. 7346 SW 48TH ST MIAMI FL 33155				10. Name and Address of New Registered Agent			
81 Name MARZULLO, RALPH JEROME, SR.				82 Street Address (P.O. Box Number is Not Acceptable) 3103 31st Court			
83				84 City Jupiter			
85 State FL				86 Zip Code 33477			

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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD <input type="checkbox"/> DELETE	1.1 TITLE	PVD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZULLO, RALPH JEROME	1.2 NAME	MARZULLO, RALPH JEROME
STREET ADDRESS	7346 SW 48TH ST	1.3 STREET ADDRESS	3103 31st Court
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZULLO, ROBERT L.	2.2 NAME	MARZULLO, ROBERT L.
STREET ADDRESS	5937 S W 42 TERRACE	2.3 STREET ADDRESS	172 E. Hampton Way
CITY-ST-ZIP	MIAMI, FL 33155	2.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 _____

CR2E034 (10/97)