

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F28288 (1)

1. Corporation Name

GRACE KENNEDY (U.S.A.) INC.



Principal Place of Business

Mailing Address

3625 NW 82ND AVE  
#210  
MIAMI FL 33166

3625 NW 82ND AVE  
#210  
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 4880 S.W. 152 PLACE

26 P.O. BOX 65-2838

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 H APT.

27

23 MIAMI, FLA

28 MIAMI, FLA

City & State

City & State

24 33185 25 USA

29 33265 30 USA

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/03/1981

3a. Date of Last Report

06/07/1995

4. FEI Number

59-2373079

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

FOWLER, WHITE

11TH FLOOR, COURTHOUSE CENTER

175 NORTHWEST FIRST AVENUE → NEW ADDRESS

MIAMI FL 33128

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

17 TH FLOOR

83 100 S.E. 2ND STREET

84 City

MIAMI

FL

85 Zip Code

33131

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 of officer or director of corporation and the applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME  
ORANE, DOUGLAS  
STREET ADDRESS  
64 HARBOUR ST  
CITY, ST, ZIP  
KINGSTON, JAMAICA

2. TITLE

NAME  
MCDONALD, ROBERT  
STREET ADDRESS  
64 HARBOUR ST  
CITY, ST, ZIP  
KINGSTON, JAMAICA

3. TITLE

NAME  
CD  
BARNES, ANTHONY H  
STREET ADDRESS  
64 HARBOUR ST.  
CITY, ST, ZIP  
KINGSTON, JAMAICA

4. TITLE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

5. TITLE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

6. TITLE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

7. TITLE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP

2. TITLE

3. NAME  
4. STREET ADDRESS  
5. CITY, ST, ZIP

3. TITLE

4. NAME  
5. STREET ADDRESS  
6. CITY, ST, ZIP

4. TITLE

5. NAME  
6. STREET ADDRESS  
7. CITY, ST, ZIP

5. TITLE

6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP

6. TITLE

7. NAME  
8. STREET ADDRESS  
9. CITY, ST, ZIP

7. TITLE

8. NAME  
9. STREET ADDRESS  
10. CITY, ST, ZIP

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 119.07(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, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 29, 1996 305 477-1998

CR2E034 (12/95)