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May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000285 (8)

1. Corporation Name
GROUP ITALGLASS U.S.A. CORP.

Principal Place of Business
6520 POWERLINE ROAD
FT. LAUDERDALE FL 33309

Mailing Address
6520 POWERLINE ROAD
FT. LAUDERDALE FL 33309-2024



3. Date Incorporated or Qualified 11/09/1992	3a. Date of Last Report 03/01/1996
4. FEI Number 52-1496749	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SABBAH, MARC
6520 POWERLINE ROAD
FT LAUDERDALE FL 33309

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, Chairman, Sect 7
NAME	SABBAH, MARC	1.2 NAME	
STREET ADDRESS	3100 NE 48 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	SABBAH, EMMANUEL	2.2 NAME	
STREET ADDRESS	3800 GALT OCEAN DRIVE #814	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VICE PRES
NAME	LIEBERMAN ROBERT C.	3.2 NAME	LIEBERMAN ROBERT C.
STREET ADDRESS	6015 NW 81 TERR	3.3 STREET ADDRESS	6015 NW 81 TERR
CITY-ST-ZIP	PARKLAND, FL 33067	3.4 CITY-ST-ZIP	PARKLAND, FL 33067
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARC SABBAH, Sect 7 5/2/97 (954) 7711212
Daytime Phone #

CR2E034 (9/96)