

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002883 (7)
1. Corporation Name
GROUP USA, INC.



Principal Place of Business: **25 ENTERPRISE AVENUE SECAUCUS NJ 07094**
Mailing Address: **25 ENTERPRISE AVENUE SECAUCUS NJ 07094**

3. Date Incorporated or Qualified: **06/22/1993**
3a. Date of Last Report: **09/25/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	13-3177424	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
24	29		
Zip	Country		
24	30		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMIRSALEH, MAHYAR	1.2 NAME	
STREET ADDRESS	25 ENTERPRISE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMIRSALEH, MEHRDAD	2.2 NAME	
STREET ADDRESS	25 ENTERPRISE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMIRSALEH, MAHYAR	3.2 NAME	
STREET ADDRESS	25 ENTERPRISE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMIRSALEH, FRANAK	4.2 NAME	
STREET ADDRESS	25 ENTERPRISE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ 07094	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMIRSALEH, RIMA	5.2 NAME	
STREET ADDRESS	25 ENTERPRISE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ 07094	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAVERDIAN, RAFFI	6.2 NAME	
STREET ADDRESS	25 ENTERPRISE AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ	6.4 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:

R. Ah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/96 (20) 867-6005 #2007

Date

Daytime Phone #

CR2E034 (12/95)