SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVISION OF CORPORATIONS

DOCUMENT # F94000004504 (6)
1. Corporation Name

EBEL U.S.A., INC.

Mailing Address

SECRETARY OF STATE	
SECRETARY OF STATE TALLAHASSEE, FLORIDA	
) arm ma

FILED

98 NOV 23 PM 2: 07

Principal Pla	ce of Business	Mailing Address				m:#11 #2140 #814f #mec: #811: #811!	1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
750 LEXINGTO NEW YORK N	N AVE.	750 LEXINGTON AVE. NEW YORK NY 10022		• -	REINSTAI	NOT WRITE IN THIS A	18		
				19	3. Date Incorporated o 08/30/1994	r Qualified			
2. Principal i	Place of Business	2a. Mailing Address 26			4. FEI Number 13-3040242		Applied For Not Applicable		
Suite, Apt	.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status	Desired	\$8.75 Additional Fee Required		
City & Sta	te	City & State			Election Campaign I Trust Fund Contribut	- 17	\$5.00 May Be Added to Fees		
Zip 4	Country 25	Zip 30	Countr	ry	8. This corporation owe Personal Property Ta	es or has paid the currentax due June 30,			
	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Registered Age	ent		
ROL	O. ERNESTO		8	1 Name					
% EBEL U.S.A., INC.			<u> </u>						
201-S. BISCAYNE BLVD., STE- 470 220 ALHAMBRA CIRC					idress (P.O. Box Number Is Not Acceptable)				
MIAMIFL 33131 CORAL GABLES, FZ 33134			8:						
			84	4 City		FL_	85 Zip Code		
office or	t to the provisions of sections 607.0502 a registered agent, or both, in the State of am familiar with and accept the obligation	f Florida. Such change was auth	orized b	y the corpo	prporation submits this statemen pration's board of directors, I her	t for the purpose of chang reby accept the appointm	ging its registered lent as registered		
SIGNATURE	Signature, typed or printed name of registered agent a		UES		POLO required when reinstalling)		198		
12.	OFFICERS AND		13.	Agoric signature		ES TO OFFICERS AND I	DIRECTORS IN 12		
TIZ.	DPT OFFICERS AND		1.1 TITLE		PRESIDENT				
HIVE	MOLECANO DOMALO	⋈ DELETE	1,7 IIILE	}	PRESIDENT	LA.	Change Addition		

SIGNATURE	Signature, typed or printed name of registered agent and little if applical	ble. (NOTE	Registered Agent signatur	re required when reinstating)	ATE
12.	OFFICERS AND DIRECTOR	RS _	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1,1 TITLE	PRESIDENT	Change Addition
NAME	WOLFGANG, RONALD L	-,	1.2 NAME	DENNIS PHILLIPS	
STREET ADDRESS	750 Lexington Ave.		1.3 STREET ADDRESS	750 LEXING-TON AVENUE	l
CITY-ST-ZIP	NEW YORK NY 10022		1.4 CITY-ST-ZIP	NEW YORK, NY 10022	Í
TITLE	S	DELETE	2.1 TITLE	CFO	Change X Addition
NAME	CRAINE, REGINA		2.2 NAME	ZEV FRIEDMAN	
STREET ADDRESS	750 LEXINGTON AVE.	i	2.3 STREET ADDRESS	750 LEXINGTON AVENUS	ļ
CfTY-ST-ZIP	NEW YORK NY 10022		2.4 C/TY-ST-Z/P	NEW YORK NY 1002	a
TITLE ^		DELETE	3.1 TITLE		Change Addition
NAME			3,2 NAME	Sananase	992854
STREET ADDRESS			3.3 STREET ADDRESS	-12/n1/9	301075010
CITY-ST-ZIP	e i ja e e e i ja		3.4 CITY-ST-ZIP		.00 <u>****75</u> 0.00
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		ł
STREET ADORESS			4.3 STREET ADDRESS)
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u>.</u>
TITLE.		DELETE	6.1 TITLE	A.D.	Change Addition
NAME			6.2 NAME	/ \X	
STREET ADDRESS	•	,	6.3 STREET ADDRESS		<i>7)</i>
CITAL OT THE			C 4 0170/ ET 710		/

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes 1 (the property of the property of th

SIGNATURE: