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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000001436 (2) 1. Corporation Name CINTERANDES USA, INC.			
Principal Place of Business 2149 LYON ST. #5 SAN FRANCISCO CA 94115		Mailing Address 2149 LYON ST. #5 SAN FRANCISCO CA 94115	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Country 25		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent EMERSON, DORIS 914 EAST RIDGE VILLAGE DR. MIAMI FL 33157		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 617.0502 and 617.1508, 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 617.0503, 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 NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
DPC JONES, EVALEEN M.D. 2149 LYON ST. SAN FRANCISCO CA 94115		D. VIERRA MARK A, MD 460 SUMMIT SPRINGS RD WOODSIDE CA 94062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
CFOT CONRAD, JAMES 2149 LYON ST #5 SAN FRANCISCO CA 94115		P. MORRISON, KATHLEEN, PhD 502 ALVARADO ROW STANFORD CA 94305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
D DE ANDERSON, CECILIA A 1451 BEACH PARK BLVD., #122 FOSTER CITY CA 94404			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
D HABIS, JOSEPH M.D. 133 EDWARDS ST., #A ST. HELENA CA 94574			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
RS VAUGHN, JENNIFER 892 33RD AVENUE SAN FRANCISCO CA 94121			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
D LEBARON, SAMUEL 2149 LYON ST., #5 SAN FRANCISCO CA 94115			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078048

CR2E037 (10/97)