

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 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 # F96000005140 (6)

1. Corporation Name
PORTE USA, INC. OF CENTRAL FLORIDA



Principal Place of Business
PO BOX 290096
SOUTH DAYTONA FL 32129-1845

Mailing Address
PO BOX 290096
SOUTH DAYTONA FL 32129-0096

3. Date Incorporated or Qualified 10/04/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	
10. Name and Address of New Registered Agent	

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

9. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	CPST	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COETSEE, ANDRE	1.2 NAME	Coetsee, Andre				
STREET ADDRESS	2923 CYPRESS RIDGE TRAIL	1.3 STREET ADDRESS	2923 Cypress Ridge Trail				
CITY-ST-ZIP	DAYTONA BEACH FL 32124	1.4 CITY-ST-ZIP	Daytona Beach, FL 32124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	D	2.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	COETSEE, ANDRE	2.2 NAME	Sponholtz, Thomas				
STREET ADDRESS	2923 CYPRESS RIDGE TRAIL	2.3 STREET ADDRESS	2923 Cypress Ridge Trail				
CITY-ST-ZIP	DAYTONA BEACH FL 32124	2.4 CITY-ST-ZIP	Daytona Beach, FL 32124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE		3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		3.2 NAME	Carl Washington				
STREET ADDRESS		3.3 STREET ADDRESS	2923 Cypress Ridge Trail				
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Daytona Beach FL 32124	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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]* COETSEE ANDRE' 01.09.97 (904) 32128220

CR2E034 (9/96)