


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90010 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006442

1. Corporation Name
AMIAD U.S.A., INC.



Principal Place of Business P.O. BOX 5547 OXNARD CA 90030-5547	Mailing Address P.O. BOX 5547 OXNARD CA 90030-5547
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2220 CELSIUS AVE	26 P.O. BOX 5547			12/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				95-3724204	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 OXNARD, CA		28 OXNARD, CA		\$8.75 Additional Fee Required	
24 93030 25 U.S.A.		29 93031 30 U.S.A.		6. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

MARK JOLLES
 6110 EDGEWATER DR., UNIT F
 ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name **STEPHEN FOURNIER**
 82 Street Address (P.O. Box Number is Not Acceptable)
3393 RENAULT CIRCLE
 83
 84 City **NORTH PORT** FL 85 Zip Code **34286**

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 *Stephen Fournier* DATE **4/20/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GASTER, ZALMAN	
STREET ADDRESS	D.N. CHEVEL KORAZIM	
CITY-ST-ZIP	ISRAEL 12335	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ORLANS, YITZHAK	
STREET ADDRESS	2220 CELSIUS AVE.	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPRINGER, STEVE	
STREET ADDRESS	2220 CELSIUS AVE.	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **ISSAC ORLANS** 3/2/99 805/988-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)