FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # G90994 (6)

1. Corporation Name

ILVER RACINE U.S., INC.

Principal Place of Business:
% CLAUDE RACINE
2787 N.E. 5TH ST.
POMPANO BCH. FL 33062

Mailing Address:
% CLAUDE RACINE
2787 N.E. 5TH ST.
POMPANO BCH. FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1984

3a. Date of Last Report: 06/14/1994

4. FEI Number: 59-2370114 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has a claim for exemption under S. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business / 2a. Mailing Address (21–30: Suite, Apt. #, etc.; City & State; Zip; Country)

9. Name and Address of Current Registered Agent

LABOSSIERE MARC CPA
2500 HOLLYWOOD BLVD
SUITE #415
HOLLYWOOD FL 33020

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. [illegible text regarding change of registered office/agent pursuant to Florida Statutes]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RACINE, CLAUDE
STREET ADDRESS	2787 N.E. 5TH ST.
CITY-ST-ZIP	POMPANO BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

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, 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] 5-4-95 (305)782-9420.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010496 CP