

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

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Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J27859** (4)

1. Corporation Name  
**INCOR-USA, INCORPORATED**

Principal Place of Business <b>9549 LAVILL CT 6220 S. ORANGE BL. TR. STE 142 WINDERMERE FL 34786 US</b>	Mailing Address <b>9549 LAVILL CT WINDERMERE FL 34786 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/06/1986</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2960686</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CASTRO, LOURDES 6220 S. ORANGE BL. TR. STE 142 ORLANDO FL 32809</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (Box Number is Acceptable)	
		<b>Erasmio Reina 3315 Chatsworth Lane</b>	
83 City		84 State	
<b>Orlando</b>		<b>FL 85</b>	

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]* DATE **3/23/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	REINA, ERASMO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<del>6220 S. ORANGE BLVD. TR., SUITE 142</del>	<b>3315 Chatsworth Lane</b>	
CITY-ST-ZIP	<del>ORLANDO FL 32809</del>	<b>Orlando, FL 32809 32812</b>	
TITLE	NAME	2.1 TITLE	2.2 NAME
VD	REINA, LUIS E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<del>6220 S. ORANGE BLVD. TR., SUITE 142</del>	<b>3315 Chatsworth Lane</b>	
CITY-ST-ZIP	<del>ORLANDO FL 32809</del>	<b>Orlando, FL 32809 32812</b>	
TITLE	NAME	3.1 TITLE	3.2 NAME
TD	REINA, WILSON E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<del>6220 S. ORANGE BLVD. TR., SUITE 142</del>	<b>3315 Chatsworth Lane</b>	
CITY-ST-ZIP	<del>ORLANDO FL 32809</del>	<b>Orlando, FL 32809 32812</b>	
TITLE	NAME	4.1 TITLE	4.2 NAME
SD	REINA, RICARDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<del>6220 S. ORANGE BLVD. TR., SUITE 142</del>	<b>3315 Chatsworth Lane</b>	
CITY-ST-ZIP	<del>ORLANDO FL 32809</del>	<b>Orlando, FL 32809 32812</b>	
TITLE	NAME	5.1 TITLE	5.2 NAME
D	REINA, JUAN P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<del>6220 S. ORANGE BLVD. TR., SUITE 142</del>	<b>3315 Chatsworth Lane</b>	
CITY-ST-ZIP	<del>ORLANDO FL 32809</del>	<b>Orlando, FL 32809 32812</b>	
TITLE	NAME	6.1 TITLE	6.2 NAME
D	REINA, JOHN F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<del>6220 S. ORANGE BLVD. TR., SUITE 142</del>	<b>3315 Chatsworth Lane</b>	
CITY-ST-ZIP	<del>ORLANDO FL 32809</del>	<b>Orlando FL 32812</b>	

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; 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 in an attachment with an address.

SIGNATURE *[Signature]* (167) 327 3223

CF2E034 (10/97)