

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J48634 (6)
1. Corporation Name
NACO, U.S.A., INCORPORATED



Principal Place of Business Mailing Address
**100 GUS HIPPI BLVD
ROCKLEDGE FL 32955** **100 GUS HIPPI BLVD
ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified **12/18/1986** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1930466** 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 liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**WOOSLEY, JEFFERY G.
100 GUS HIPPI BLVD
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent
81 Name **Karen D. Hubner**
82 Street Address (P.O. Box Number is Not Acceptable)
100 North Tampa Street
83
84 City **Tampa,** FL 85 Zip Code **33602**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Karen D. Hubner* DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STANGE, FREDRIK	
STREET ADDRESS	100 GUS HIPPI BLVD	
CITY- ST- ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PREUS, KNUT F.	
STREET ADDRESS	100 GUS HIPPI BLVD.	
CITY- ST- ZIP	ROCKLEDGE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOGSTAD, ROLF E.	
STREET ADDRESS	800 THIRD AVE.	
CITY- ST- ZIP	NEW YORK NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JEFFERY WOOSLEY	
STREET ADDRESS	100 GUS HIPPI BLVD.	
CITY- ST- ZIP	ROCKLEDGE FL 32955	
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

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Meling, Jan Fredrik	
13 STREET ADDRESS	100 Gus Hipp Blvd.	
14 CITY- ST- ZIP	Rockledge, FL 32955	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Karen D. Hubner	
43 STREET ADDRESS	100 North Tampa Street	
44 CITY- ST- ZIP	Tampa, FL 33602	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

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(3)(k), 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: *Karen D. Hubner* DATE: **5/2/96 (813)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)