

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 # K12815 (2)

1. Corporation Name

MARAL U.S.A., INC.

Principal Place of Business

Mailing Address

3107 AVE DES HOTELS SUITE 18  
SAINTE FOY-QUEBEC-CANADA G1W4W  
US

3107 AVE DES HOTELS SUITE 18  
SAINTE FOY-QUEBEC-CANADA G1W4W  
US



3. Date Incorporated or Qualified 01/26/1988 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 98-0103637 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

BEHAR, LARRY J., P.A.  
888 SE 3RD AVE STE 400  
FT LAUDERDALE FL 33316

81 Name Lucien Marquis  
82 Street Address (P.O. Box Number is Not Accessible)  
83 111 Pompano Beach Blvd Unit 803  
84 City Pompano Beach FL 85 Zip Code 33062

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, by a 12 or 13a, of a registered agent, is not required. (NOTE: Registered Agent signature required when re-registering) 02-13-96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	
NAME	MARQUIS, LUCIER	1.2 NAME	
STREET ADDRESS	3107 AVE DES HOTEL SUITE 18	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAINTE FOY-QUEBEC CA	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: Signature, by a 12 or 13a, of a registered agent, is not required. (NOTE: Registered Agent signature required when re-registering) 02-13-96 DATE

CR2E034 (12/95)