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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L29745

(1)

1. Corporation Name

ALEYMANI (U.S.A.) COMPANY

Principal Place of Business

% GEORGE BEFELER  
160 W FLAGLER ST. SUITE 2701  
MIAMI FL 33130

Mailing Address

% GEORGE BEFELER  
160 W FLAGLER ST. SUITE 2701  
MIAMI FL 33130



2. Principal Place of Business

21 NationsBank Tower  
Suite 100 SE 2nd Street  
22 37th Floor

23 City & State  
Miami FL

24 Zip 33131 25 Country U.S.A.

2a. Mailing Address

26 100 SE 2nd St  
Suite, Apt. #, etc.  
27 SAME

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/13/1989

3a. Date of Last Report

03/12/1996

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

BEFELER, GEORGE  
MUSEUM TOWER, SUITE 2701  
160 W FLAGLER ST  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name George Befeler  
82 Street Address (P.O. Box Number is Not Acceptable)  
NationsBank Tower, 37th Floor  
83 100 SE 2nd Street  
84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0602 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-25-97

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS        | CITY - ST - ZIP    | DELETE                   |
|-------|-------------------|-----------------------|--------------------|--------------------------|
| D     | ALONSO, MANUEL    | EL DORADO APTO POSTAL | REPUBLIC OF PANAMA | <input type="checkbox"/> |
| D     | ALONSO, ALEJANDRO | EL DORADO APTO POSTAL | REPUBLIC OF PANAMA | <input type="checkbox"/> |
|       |                   |                       |                    | <input type="checkbox"/> |
|       |                   |                       |                    | <input type="checkbox"/> |
|       |                   |                       |                    | <input type="checkbox"/> |
|       |                   |                       |                    | <input type="checkbox"/> |
|       |                   |                       |                    | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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 included 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:

X Director

3-25-97

(308)  
379.9300

Date

Daytime Phone #

CR2E034 (9/96)