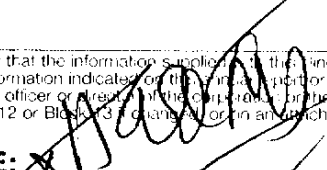


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L68161 (3) 1. Corporation Name T.G. USA, INC.			
Principal Place of Business 7205 INTERNATIONAL DR ORLANDO FL 32819 US		Mailing Address 7205 INTERNATIONAL DR ORLANDO FL 32819 US	
2. Principal Place of Business 21 8606 LOST COVE DR. Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FLORIDA Zip 24 32819 Country 25 ORANGE		2a. Mailing Address 26 8606 LOST COVE DR. Suite, Apt. #, etc. 27 City & State 28 ORLANDO FLORIDA Zip 29 32819 Country 30 ORANGE	
3. Date Incorporated or Qualified 04/25/1990		3a. Date of Last Report 05/01/1995	
4. FEI Number 59-3005848		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 JETHWANI RAJU T 7205 INTERNATIONAL DR ORLANDO FL 32819		10. Name and Address of New Registered Agent 81 Name JETHWANI RAJU T. 82 Street Address (P.O. Box Number is Not Acceptable) 8606 LOST COVE DRIVE 83 84 City ORLANDO FL 85 Zip Code 32819	
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 typed or printed name of registered agent, if not applicable. (If not applicable, leave blank.) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	JETHWANI, RAJU T	1.2 NAME	JETHWANI RAJU T.
STREET ADDRESS	7205 INTERNATIONAL DR.	1.3 STREET ADDRESS	8606 LOST COVE DR.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	VP ☐ DELETE	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	JETHWANI, HARESH T	2.2 NAME	JETHWANI HARESH T.
STREET ADDRESS	7205 INTERNATIONAL DR	2.3 STREET ADDRESS	8606 LOST COVE DR.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMLI, SALEH ABDULAZI L	3.2 NAME	8606 LOST COVE DR.
STREET ADDRESS	P.O. BOX 16651 N/A	3.3 STREET ADDRESS	ST
CITY-ST-ZIP	JEDDAH SA	3.4 CITY-ST-ZIP	MOTWANI CHANDRU
TITLE	ST ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOTWANI, CHANDRU	4.2 NAME	8606 LOST COVE DR.
STREET ADDRESS	7205 INTERNATIONAL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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 in 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 filing 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 its 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, or in an attachment with an address.			
SIGNATURE: 		5/27/96 407-876-4523	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: _____	

CR2E034 (12/95)