

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lakshmi B. Mahajan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **L78035**

(7)

53 MAY 10 AM 10:35

1. Corporation Name
D'ORSY'S U.S.A., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
**7800 NW 34 ST #206
MIAMI FL 33122**

3a. Mailing Address
**10920 N.W. S. RIVER DR
MIAMI FL 33178
US**

DO NOT WRITE IN THIS SPACE

3. Date the corporation was organized: **06/06/1990**
3a. Date of Last Meeting: **06/27/1994**

4. FEI Number: **65-0286640**
Applied For:
Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Director Campaign Financing:
Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. The corporation has liability for intangible tax under the provisions of Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. State and Zip: **27**
23. City and State: **28**
24. City: **29** County: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WIENER, MARVIN I
STE 1040
2121 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

81. Name:
82. Street Address, P.O. Box Number or Post Office:
83.
84. City:
85. State: **FL**

11. Pursuant to the provisions of the terms of the Statute, Chapter 190, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address listed on page 1 of this report. This change was authorized by the corporation's board of directors, a meeting of which was held on the date indicated on the enclosed report. I, the undersigned, have read and accept the application of the corporation under the provisions of Chapter 190, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P LACLE, RICHARD 10920 N.W. SOUTH RIVER DR. MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	S GARCIA, ANDRES J. 10540 N.W. 26TH ST., SUITE 303 MIAMI FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		5. STREET ADDRESS	
CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I do hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 190.01(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if such certificate had been provided on behalf of the corporation. In the event of further correspondence to this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 1, or Block 11 if changed, of the report attached with an address.

SIGNATURE: *Richard A. Lacle*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1505
May 4 - 1995 556-5431