

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L83438** (6)

1. Corporation Name
GUY SALMON USA, INC.

Principal Place of Business
**110 S.E. 6TH STREET
28TH FLOOR
FT LAUDERDALE FL 33301**

Mailing Address
**450 E. LAS OLAS BLVD
ST E1200
FT LAUDERDALE FL 33301
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1990	
21	Suite, Apt. #, etc.	26	110 SE Sixth St.	4. FEI Number 65-0200221	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	33301	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	US	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 and title if applicable

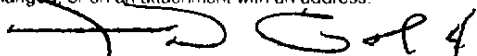
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPS	1.1 TITLE	DVS
NAME	HANDLEY, RICHARD L	1.2 NAME	James O. Cole
STREET ADDRESS	450 E. LAS OLAS BLVD, STE 1200	1.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	FT. Lauderdale, FL 33301
TITLE	P	2.1 TITLE	Change
NAME	BERRARD, STEVEN	2.2 NAME	110 SE Sixth St.
STREET ADDRESS	450 E. LAS OLAS BLVD, STE 1200	2.3 STREET ADDRESS	FT. Lauderdale, FL 33301
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	FT. Lauderdale, FL 33301
TITLE	DVP	3.1 TITLE	Change
NAME	HAWKINS, THOMAS W	3.2 NAME	110 SE Sixth St.
STREET ADDRESS	450 E. LAS OLAS BLVD, STE 1200	3.3 STREET ADDRESS	FT. Lauderdale, FL 33301
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	FT. Lauderdale, FL 33301
TITLE	AT	4.1 TITLE	Change
NAME	COURTLAND, REDDYS	4.2 NAME	Kathleen Hyle
STREET ADDRESS	450 E. LAS OLAS BLVD, STE 1200	4.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	FT. Lauderdale, FL 33301
TITLE	V	5.1 TITLE	Change
NAME	ARMSTRONG, FRANK L	5.2 NAME	110 SE Sixth St.
STREET ADDRESS	110 S.E. 6TH STREET	5.3 STREET ADDRESS	FT. Lauderdale, FL 33301
CITY-ST-ZIP	FT LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	FT. Lauderdale, FL 33301
TITLE	AST	6.1 TITLE	Change
NAME	MENENDEZ, N. MARIA	6.2 NAME	110 SE Sixth St.
STREET ADDRESS	110 S.E. 6TH STREET	6.3 STREET ADDRESS	FT. Lauderdale, FL 33301
CITY-ST-ZIP	FT LAUDERDALE FL 33301	6.4 CITY-ST-ZIP	FT. Lauderdale, FL 33301

14. I 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 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:



CR2E034 (10/97)