

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M04997			
1. Corporation Name BEUCHAT USA, INC.			

Principal Place of Business P.O. BOX 653109 MIAMI FL 33265 US	Mailing Address P.O. BOX 653109 MIAMI FL 33265 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent	
TRICK, WILLIAM W JR 1216 E. ATLANTIC BLVD., SUITE 7 POMPANO BEACH FL 33060	

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	WILLIAM WATSON TRICK JR. 11/24/99

12. OFFICERS AND DIRECTORS	
TITLE	D ZWANG, A.P. <input checked="" type="checkbox"/> DELETE
NAME	% SUDAMERICANA BV.
STREET ADDRESS	ROTTERDAM, NETHERLANDS
CITY-ST-ZIP	
TITLE	D HANNE, R.A.G. <input checked="" type="checkbox"/> DELETE
NAME	% SUDAMERICANA BV.
STREET ADDRESS	ROTTERDAM, NETHERLANDS
CITY-ST-ZIP	
TITLE	D GROENEVELD, E. <input checked="" type="checkbox"/> DELETE
NAME	% SUDAMERICANA BV.
STREET ADDRESS	ROTTERDAM, NETHERLANDS
CITY-ST-ZIP	
TITLE	VS QUINTANA, ROBERT <input checked="" type="checkbox"/> DELETE
NAME	1225 NW 93RD COURT
STREET ADDRESS	MIAMI FL 33172
CITY-ST-ZIP	
TITLE	P DE TOLEDO, ALVAREZ M <input checked="" type="checkbox"/> DELETE
NAME	34 AV BOISBAUDRAN
STREET ADDRESS	MARSEILLE FR 13015
CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE
NAME	BOLUFE, MAGALY
STREET ADDRESS	1225 NW 93RD COURT
CITY-ST-ZIP	MIAMI FL 33172

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.	
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SIGNATURE	11/4/99 305-548-3483
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FILED
99 DEC -3 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

3. Date Incorporated or Qualified 09/11/1984	4. FEI Number 59-2456400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100003070221--D
1.4 CITY-ST-ZIP	-12/14/99--01106--013
2.1 TITLE	***750.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	677 SW 1st Street
6.3 STREET ADDRESS	Miami FL 33130
6.4 CITY-ST-ZIP	

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