

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

FILED  
May 13 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 # M70324 (2)  
1. Corporation Name  
BUZAN CENTRES U.S.A., INC.



Principal Place of Business 11380 PROSPERITY FARMS RD PROSPERITY GDNS SUITE 204 PALM BCH. GDNS. FL 33410	Mailing Address 11380 PROSPERITY FARMS RD PROSPERITY GDNS SUITE 204 PALM BCH. GDNS. FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11382 Prosperity Fms Suite, Apt. #, etc. 22 Prosperity Gdns Ste 124 City & State 23 Palm Bch Gdns FL 33410 Zip Country		2a. Mailing Address 26 11382 Prosperity Fms Rd Suite, Apt. #, etc. 27 Prosperity Gdns Ste 124 City & State 28 Palm Bch Gdns FL 33410 Zip Country		3. Date Incorporated or Qualified 02/26/1988	
24		25		29	
29		30		4. FEI Number 65-0027613 Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HILLEY, V. DONALD, ESQ. 11380 PROSPERITY FARMS ROAD SUITE 204 PALM BCH. GDNS. FL 33410				10. Name and Address of New Registered Agent 81 Name HILLEY, V. DONALD, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 11382 Prosperity Farms Road 83 Suite 124 84 City Palm Bch Gdns FL 85 Zip Code 33410			
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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 publication of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORTH, VANDA			1.2 NAME			
STREET ADDRESS	222 ATLANTIC AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUZAN, ANTHONY P.			2.2 NAME			
STREET ADDRESS	HARLEYFORD ESTATE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARLOW BUCKS, SL72DX			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: \_\_\_\_\_ 4/27/98 561-881-0188

CP2E034 (10/97)