


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

FILED

Mar 17 1997 8:00am  
Secretary of State

PROFIT • CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P03505</b> (5)			
1. Corporation Name <b>PPC MARKETING (USA), INC.</b>			
Principal Place of Business <b>3300 BARNETT CENTER 50 N. LAURA STREET JACKSONVILLE FL 32201 US</b>		Mailing Address <b>PO BOX 4099 JACKSONVILLE FL 32201-4099 US</b>	
2. Principal Place of Business 21 <b>1301 Riverplace Blvd.</b> Suite, Apt. #, etc. 22 <b>Suite 1301</b> City & State 23 <b>Jacksonville, Florida</b> Zip 24 <b>32207</b>		2a. Mailing Address 26 <b>1301 Riverplace Blvd.</b> Suite, Apt. #, etc. 27 <b>Suite 1301</b> City & State 28 <b>Jacksonville, Florida</b> Zip 29 <b>32207</b> Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>09/26/1984</b>		3a. Date of Last Report <b>02/06/1996</b>	
4. FEI Number <b>22-2552563</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>RAX CO 50 N. LAURA STREET, SUITE 3400 50 N. LAURA ST. JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent 81 Name <b>MOTOLAW, Inc.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1301 Riverplace Blvd.</b> 83 <b>Suite 1301</b> 84 City <b>Jacksonville</b> FL 85 Zip Code <b>32207</b>	
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: <b>Peter Laramy, President of Motolaw, Inc.</b> DATE: <b>2/19/97</b> <small>(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRISCUOLO, BARBARA 137 HUDSON AVENUE RIDGEFIELD PARK NJ	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRISCUOLO, SALVATORE 137 HUDSON AVENUE RIDGEFIELD PARK NJ	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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: <b>Sal Criscuolo</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Sal Criscuolo</b> DATE: <b>2/25/97</b>	

CR2E034 (9/96)