FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -4 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39086 (4)

1. Corporation Name
MCA USA, INC.

Principal Place of Business	Mailing Address
8382 N.W. 64TH STREET MIAMI FL 33166	8382 N.W. 64TH STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 58-1711954 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND
PLANTATION FL 33324

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	DEVLIEGER, F.J.	12 NAME	
STREET ADDRESS	ESSENLAAN 58, 1161 EG ZW	13 STREET ADDRESS	
CITY-ST-ZIP	ANEBURG, HOLLAND	14 CITY-ST-ZIP	
TITLE	VCT	21 TITLE	☐ Change ☐ Addition
NAME	DEVLIEGER, E.W.	22 NAME	000001448930
STREET ADDRESS	ESSENLAAN 58, 1161 EG ZW	23 STREET ADDRESS	-04/06/95--01025--023
CITY-ST-ZIP	ANEBURG, HOLLAND	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	DEVLIEGER, E.W.	32 NAME	
STREET ADDRESS	ESSENLAAN 58, 1161 EG ZW	33 STREET ADDRESS	
CITY-ST-ZIP	ANEBURG, HOLLAND	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	KOGON, LARRY D.	42 NAME	
STREET ADDRESS	2208 HAVERHILL COURT	43 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: _____ _____ 3-15-95 (MY) 535-7638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bill Eden Field Vice President — LARRY D KOGON V-Pres

0179041 CP