

FILE NOW: FILING FEE AFTER MAY 1ST IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39563** (2)

1. Corporation Name
BROWN BROTHERS USA INC.



Principal Place of Business: **3801 S.W. 47TH AVENUE SUITE 507 FORT LAUDERDALE FL 33314-2816 US**
Mailing Address: **3801 SW 47TH AVE. SUITE 507 FT. LAUDERDALE FL 33314**

3. Date Incorporated or Qualified: **07/02/1992**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **22-3092939**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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
85 Zip Code: **FL**

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 re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANGELIS, DENNIS J.	1.2 NAME	
STREET ADDRESS	120 CHUBB AVE.	1.3 STREET ADDRESS	MACK CENTER III, 140 EAST RIDGEWOOD AVE.
CITY-ST-ZIP	LYNDHURST NJ	1.4 CITY-ST-ZIP	FIFTH FLOOR, NORTH TOWER PARAMUS N.J. 07652
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASCHER, DAVID M.	2.2 NAME	
STREET ADDRESS	120 CHUBB AVE.	2.3 STREET ADDRESS	MACK CENTER III 140 EAST RIDGEWOOD AVE
CITY-ST-ZIP	LYNDHURST NJ	2.4 CITY-ST-ZIP	FIFTH FLOOR NORTH TOWER PARAMUS N.J. 07652
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOIR GORDON	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	MOIR GORDON G.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BROUGHTON ROAD EDINBURGH SCOTLAND EH7 4LF U.K.
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	200001748592
STREET ADDRESS		6.3 STREET ADDRESS	-03/19/96--01028--005
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***200.00

14. I do 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)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/13/96** (3cs) 581-2878
Telephone: _____

CR2E034 (12/95)