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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000004325

1. Corporation Name ANSA MCAL (U.S.) INC.



Principal Place of Business

8249 NW 36TH STREET SUITE 205 MIAMI FL 33166 US

Mailing Address

8249 NW 36TH STREET SUITE 205 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1992

4. FEI Number

65-0372843

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 owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD SUITE 1600 MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP DELETED NAME OBRIEN, CONRAD STREET ADDRESS 8249 NW 36TH STREET, SUITE 205 CITY-ST-ZIP MIAMI FL

TITLE D DELETED NAME SYMONDS, TAFT STREET ADDRESS 201 S. BISCAYNE BLVD, SUITE 1600 CITY-ST-ZIP MIAMI FL

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CORPORATE SECRETARY Change Addition 1.2 NAME ANNETTE de BOEHLER 1.3 STREET ADDRESS 8249 NW 36TH ST, #205 1.4 CITY-ST-ZIP MIAMI FL 33166

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: CONRAD OBRIEN, PRESIDENT

01/29/99

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CR2E034 (11/98)