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 MAR -6 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P92000014272 (8)

1. Corporation Name
ROYAL SELANGOR (U.S.A.), INC.

Principal Place of Business
20 VOYAGER CT S
ETOBICOKE ONTARIO, CANADA M9W -5M7

Mailing Address
20 VOYAGER CT S
ETOBICOKE ONTARIO, CANADA M9W -5M7

3. Date Incorporated or Qualified: 12/28/1992
3a. Date of Last Report: 04/04/1994
4. FEI Number: APPLIED FOR 98 - 0132560 [X] 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

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

9. Name and Address of Current Registered Agent
FLORIDA NREGISTERED AGENTS, INC.
100 SE 2ND ST
SUITE 3600
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: CREATIVE BUSINESS SYNERGIES, INC
82 Street Address (P.O. Box Number is Not Acceptable): 121 SOUTHEAST 1ST STREET
83
84 City: MIAMI FL
85 Zip Code: 33131

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
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[X] Change [ ] Addition
NAME	YONG, POH KON	12 NAME	
STREET ADDRESS	515 E LAS OLAS BLVD SUITE 950	13 STREET ADDRESS	2 SOUTH UNIVERSITY DR. SUITE 330
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	PLANTATION, FLORIDA, 33324-3307
TITLE	D	21 TITLE	[X] Change [ ] Addition
NAME	YONG, POH SHIN	22 NAME	
STREET ADDRESS	515 E LAS OLAS BLVD SUITE 950	23 STREET ADDRESS	as above
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	[X] Change [ ] Addition
NAME	WONG, C Y	32 NAME	
STREET ADDRESS	515 E LAS OLAS BLVD SUITE 950	33 STREET ADDRESS	as above
CITY-ST-ZIP	FT LAUDERDALE FL 33301	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	[X] Change [ ] Addition
NAME	BURKE, ROBERT A	42 NAME	
STREET ADDRESS	515 E LAS OLAS BLVD SUITE 950	43 STREET ADDRESS	as above
CITY-ST-ZIP	FT LAUDERDALE FL	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	

14. I do hereby certify that the information supplied with this form 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 attached with an address.

SIGNATURE: C.Y. WONG. Jan 30/95 1800 363-5586.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #