

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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: **03/06/1995**
4. FEI Number: **98-0132560**
Applied For: 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. 199.03? Florida Statutes: Yes, No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21. Suite, Apt #, etc
22. City & State
23. Zip, Country
24. Zip, Country

9. Name and Address of Current Registered Agent
**CREATIVE BUSINESS SYNERGIES, INC.
121 SOUTHEAST 1ST STREET
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 firm (applicable) (300) Registered Agent Signature required when re-registering. DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **YONG, POH KON**
STREET ADDRESS: **2 SOUTH UNIVERSITY DRIVE, STE. 330**
CITY-ST-ZIP: **PLANTATION FL**
TITLE: **D** DELETE
NAME: **YONG, POH SHIN**
STREET ADDRESS: **2 SOUTH UNIVERSITY DRIVE, STE. 330**
CITY-ST-ZIP: **PLANTATION FL**
TITLE: **D** DELETE
NAME: **WONG, C Y**
STREET ADDRESS: **2 SOUTH UNIVERSITY DRIVE, STE. 330**
CITY-ST-ZIP: **PLANTATION FL**
TITLE: **D** DELETE
NAME: **BURKE, ROBERT A**
STREET ADDRESS: **2 SOUTH UNIVERSITY DRIVE, STE. 330**
CITY-ST-ZIP: **PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition
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 Change Addition
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or an attachment or in an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **July 2, 1996** (416) 675-3755
Office Phone #

CR2E034 (3/96)