

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000020127 (5)**

1. Corporation Name
ENCOMPASS USA, INC.



Principal Place of Business

Mailing Address

% ALFRED L. MILLER
6804 S.W. 95TH COURT
MIAMI FL 33173-2224

% ALFRED L. MILLER
6804 S.W. 95TH COURT
MIAMI FL 33173-2224

3. Date Incorporated or Qualified 03/17/1993	3a. Date of Last Report 05/08/1995
4. FEI Number 65-0404380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 **145 Madeira Avenue**

26 **145 Madeira Ave.**

Suite, Apt. #, etc.

27 **Suite 206**

22 **Suite 206**

28 **Coral Gables, FL**

City & State

23 **Coral Gables, Florida**

29 **33134** 30 **Dade**

Zip

Country

24 **33134**

25 **Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, ALFRED L
6804 S.W. 95TH COURT
MIAMI FL 33173-2224

81 Name **Steven M. Gray**
82 Street Address (P.O. Box Number is Not Acceptable)
145 Madeira Avenue
83 **Suite 206**
84 City **Coral Gables, FL** 85 Zip Code **33134**

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 **Steven M. Gray, President**
Steven M. Gray June 13, '96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ALFRED L	1.2 NAME	Steven M. Gray
STREET ADDRESS	6804 S.W. 95TH COURT	1.3 STREET ADDRESS	145 Madeira Ave. Suite 206
CITY- ST- ZIP	MIAMI FL 33173-2224	1.4 CITY- ST- ZIP	Coral Gables, Fla 33134
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, STEVEN M	2.2 NAME	
STREET ADDRESS	% 6804 S.W. 95TH COURT	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33173-2224	2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY- ST- ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME		4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> DELETE	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 provided on this annual report or supplemental annual reports 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: **Steven M. Gray** *Steven M. Gray* June 13, '96 305-461-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)