

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036533
1. Corporation Name

Ourse (U.S.A.), Inc.

Principal Place of Business: 2801 S.W. 31 Ave. Miami, FL 33133
Mailing Address: 2801 S.W. 31 Ave. Miami, FL 33133

3. Date incorporated or Qualified: 05/19/93
3a. Date of Last Report: 07/05/95

2. Principal Place of Business: 21 State, Apt # etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt #, etc.; 27 City & State; 28 Zip; 29 Country; 30
4. FFI Number: 95-4173234
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: AMKGS Registered Agents, Inc. 1980 Sunbank International Center One S.E. 3rd Avenue Miami, FL 33131
10. Name and Address of New Registered Agent: 81 Name: David M. McDonald, Esq.; 82 Street Address (P.O. Box Number is Not Acceptable): 1393 S.W. 1st St.; 83 Suite 200; 84 City: Miami; 85 Zip Code: FL 33135

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: *David M. McDonald* David M. McDonald, Registered Agent 03/05/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D/V/S <input checked="" type="checkbox"/> DELETE	NAME: Alain C. De Grelle	11 TITLE: P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Maxine Williams
STREET ADDRESS: 2801 S.W. 31 Ave.	CITY, ST, ZIP: Coconut Grove, FL 33133	12 NAME: Maxine Williams	13 STREET ADDRESS: 2801 S.W. 31 Ave.
TITLE: D/P/S <input checked="" type="checkbox"/> DELETE	NAME: David Sharples	14 CITY, ST, ZIP: Miami, FL 33133	14 CITY, ST, ZIP: Miami, FL 33133
STREET ADDRESS: 2801 S.W. 31 Ave.	CITY, ST, ZIP: Coconut Grove, FL 33133	21 TITLE: D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Jorge Marcelo Vazquez Chavez
TITLE: <input type="checkbox"/> DELETE	NAME:	22 NAME: Jorge Marcelo Vazquez Chavez	23 STREET ADDRESS: 2801 S.W. 31 Ave.
STREET ADDRESS:	CITY, ST, ZIP:	24 CITY, ST, ZIP: Miami, FL 33133	24 CITY, ST, ZIP: Miami, FL 33133
TITLE: <input type="checkbox"/> DELETE	NAME:	31 TITLE: D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Paz Paulette Chaigneau Rojas
STREET ADDRESS:	CITY, ST, ZIP:	32 NAME: Paz Paulette Chaigneau Rojas	33 STREET ADDRESS: 2801 S.W. 31 Ave.
TITLE: <input type="checkbox"/> DELETE	NAME:	34 CITY, ST, ZIP: Miami, FL 33133	34 CITY, ST, ZIP: Miami, FL 33133
STREET ADDRESS:	CITY, ST, ZIP:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	42 NAME:	43 STREET ADDRESS:
STREET ADDRESS:	CITY, ST, ZIP:	44 CITY, ST, ZIP:	44 CITY, ST, ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY, ST, ZIP:	52 NAME:	53 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	53 STREET ADDRESS:	54 CITY, ST, ZIP:
STREET ADDRESS:	CITY, ST, ZIP:	54 CITY, ST, ZIP:	54 CITY, ST, ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY, ST, ZIP:	62 NAME:	63 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	63 STREET ADDRESS:	64 CITY, ST, ZIP:
STREET ADDRESS:	CITY, ST, ZIP:	64 CITY, ST, ZIP:	64 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, 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: *Maxine Williams* 3/15/96 (305) 446-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)