

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000036533 (6)
 1. Corporation Name
COURSE (U.S.A.), INC.



Principal Place of Business 12196 SW 128TH ST. MIAMI FL 33186	Mailing Address 12196 SW 128TH ST. MIAMI FL 33186
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1993	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 95-4173234	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**MCDONALD, DAVID M
 1393 SW 1ST ST
 SUITE 200
 MIAMI FL 33135**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MAXINE	1.2 NAME	
STREET ADDRESS	2801 S.W. 31 AVE.	1.3 STREET ADDRESS	12196 SW 128 st.
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33186
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE MARCELO VAZQUEZ CHAVEZ	2.2 NAME	
STREET ADDRESS	2810 S.W. 31 AVE	2.3 STREET ADDRESS	12196 SW 128st.
CITY-ST-ZIP	COCONUT GROVE FL 33133	2.4 CITY-ST-ZIP	MIAMI, FL. 33186
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZ PAULETTE CHAIGNEAU ROJAS	3.2 NAME	
STREET ADDRESS	2801 S.W. 31ST AVE.	3.3 STREET ADDRESS	12196 SW 128st
CITY-ST-ZIP	COCONUT GROVE FL 33133	3.4 CITY-ST-ZIP	MIAMI, FL. 33186
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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.

SIGNATURE: *Maxine Williams* Maxine Williams 4/29/98 305-234-9000

CR2E034 (10/97)