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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058664 (2)

1. Corporation Name

FINANCIAL MANAGEMENT CONSULTANTS USA, INC.



Principal Place of Business

4548 NE 11TH AVE.
FT. LAUDERDALE FL 33334
US

Mailing Address

4548 NE 11TH AVE.
FT. LAUDERDALE FL 33334
US

3. Date Incorporated or Qualified

08/18/1993

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

21. Financial Management

Suite, Apt. #, etc.

22. 5560 NE 33 AVE

City & State

23. Ft. Lauderdale FL

24. Zip 33308

Country

25. UNITED STATES

2a. Mailing Address

26. Financial Management

Suite, Apt. #, etc.

27. 5560 NE 33 AVE

City & State

28. Ft. Lauderdale FL

29. Zip 33308

Country

30. UNITED STATES

4. FEI Number

65-0435053

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

9. Name and Address of Current Registered Agent

GOLAN, MORDECHAI
7792 TRAVELERS TREE DR.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81. Name YALI GOLAN

82. Street Address (P.O. Box Number is Not Acceptable)

5560 NE 33 AVE

83.

84. City Ft. Lauderdale

FL

85. Zip Code 33308

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

YALI GOLAN Pres.

3/14/96

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD

NAME GOLAN, YALI

STREET ADDRESS 7792 TRAVELERS TREE DR.

CITY-ST-ZIP BOCA RATON FL 33433

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD

1.2 NAME GOLAN YALI

1.3 STREET ADDRESS 5560 NE 33 AVE

1.4 CITY-ST-ZIP Ft. Lauderdale FL 33308

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

YALI GOLAN Pres.

3/14/96

954/938-5024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)