

3-28-97 B-3697 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000063261 (0)**

1. Corporation Name  
**AMERIC DISC U.S.A-FLORIDA INC.**



Principal Place of Business <b>8455 NW 30TH TERRACE                  2999 NE 191 ST., CONCORDE CTR. II, PH-8                  MIAMI FL 33122                  US</b>	Mailing Address <b>ONE FINANCIAL PLAZA                  1500-100 SE 3RD AVE                  FT LAUDERDALE FL 33394-0005                  US</b>
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3. Date Incorporated or Qualified <b>09/10/1993</b>	3a. Date of Last Report <b>07/15/1996</b>
4. FEI Number <b>65-0451013</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WALDMAN & FELUREN PA  
 ONE FINANCIAL PLAZA SUITE 1500  
 100 SE 3RD AVE  
 FT LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOLDUC, YVON</b>	
STREET ADDRESS	<b>1, PLACE VILLE-MARIE</b>	
CITY-ST-ZIP	<b>MONTREAL QU</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE POIX, LOIC</b>	
STREET ADDRESS	<b>53700 VILLAINES-LA-JUHEL</b>	
CITY-ST-ZIP	<b>AVERTON FR</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE POIX, MONIQUE</b>	
STREET ADDRESS	<b>53700 VILLAINES-LA-JUHEL</b>	
CITY-ST-ZIP	<b>AVERTON FR</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>DE POIX, PIERRE</b>	
STREET ADDRESS	<b>53700 VILLAINES-LA-JUHEL</b>	
CITY-ST-ZIP	<b>AVERTON FR</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DESCHENES, PIERRE A.</b>	
STREET ADDRESS	<b>2525 CANADIEN</b>	
CITY-ST-ZIP	<b>DRUMMONDVILLE QU</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUPUIS, PIERRE</b>	
STREET ADDRESS	<b>2050 RUE DE LA METROPOLE</b>	
CITY-ST-ZIP	<b>LONGUEUIL QU</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BOLDUC, Yvon</b>	
1.3 STREET ADDRESS	<b>1 Place Ville Marie, Suite 3315</b>	
1.4 CITY-ST-ZIP	<b>Montreal, Quebec H3B 3N2</b>	
2.1 TITLE	<b>D/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DE POIX, Loïc</b>	
2.3 STREET ADDRESS	<b>53700 Villaines-la-Juhel</b>	
2.4 CITY-ST-ZIP	<b>Averton, France</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MARCOUX, Rémi</b>	
3.3 STREET ADDRESS	<b>1 Place Ville Marie, Suite 3315</b>	
3.4 CITY-ST-ZIP	<b>Montreal Quebec H3B 3N2</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DE POIX, Pierre</b>	
4.3 STREET ADDRESS	<b>53700 Villaines-la-Juhel</b>	
4.4 CITY-ST-ZIP	<b>Averton, France</b>	
5.1 TITLE	<b>D/P/M</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DESCHENES, Pierre A.</b>	
5.3 STREET ADDRESS	<b>2525 Canadien Street</b>	
5.4 CITY-ST-ZIP	<b>Drummondville, Quebec J2B 8A9</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>LANGLOIS, Raynold</b>	
6.3 STREET ADDRESS	<b>1002 Sherbrooke Street West</b>	
6.4 CITY-ST-ZIP	<b>Montreal, Quebec H3A 3L6</b>	

14. I do 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: *Yvon Bolduc* Yvon BOLDUC March 10, 1997 (514) 594-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

## **SCHEDULE 1**

1997 Corporation Annual Report of  
AMERIC DISC U.S.A. - FLORIDA INC.  
Document # P93000063261

Item 13

### **Additional Officers and Directors**

<b><u>NAME/TITLE</u></b>	<b><u>ADDRESS</u></b>
D GROU, André	9125 Pascal Gagnon Suite 212 Saint-Léonard, Québec H1P 1Z4
V FRAGMAN, Claude	2525 Canadien Street Drummondville, Québec J2B 8A9
V FRANCOU, Pierre	2525 Canadien Street Drummondville, Québec J2B 8A9
V RAYMOND, Marcel Claude	2525 Canadien Street Drummondville, Québec J2B 8A9
V HERRICK, Dennis	4701 Stoddard Road Salida, California U.S.A. 95356