

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

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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000082399 (5)

1. Corporation Name

U S A PRODUCTS CORPORATION

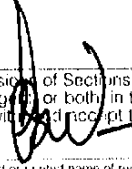


Principal Place of Business 6909 NW 82ND AVENUE MIAMI FL 33166	Mailing Address 6909 NW 82ND AVENUE MIAMI FL 33166-2768
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	3. Date Incorporated or Qualified 12/02/1993 4. FEI Number 65-0463986 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	3a. Date of Last Report 03/05/1996 Applied For Not Applicable
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9. Name and Address of Current Registered Agent NORMAN, CHARLES 6909 NW 82ND AVENUE MIAMI FL 33166	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
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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: 4/14/97

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: SABBAG, RAUL STREET ADDRESS: 10481 S.W. 160TH CT. CITY-ST-ZIP: MIAMI FL 33196 <input checked="" type="checkbox"/> DELETE	1.1 TITLE: P/T 1.2 NAME: CHARLES NORMAN 1.3 STREET ADDRESS: 339 IVES DAIRY ROAD #4 1.4 CITY-ST-ZIP: MIAMI, FL. 33179 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: SABBAG, GENNYLENA STREET ADDRESS: 10481 S.W. 160TH CT. CITY-ST-ZIP: MIAMI FL 33196 <input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: RODRIGUEZ, REINALDO STREET ADDRESS: 12154 W. SAMPLE RD. CITY-ST-ZIP: CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> DELETE	3.1 TITLE: ST 3.2 NAME: GENNYLENA SABBAG 3.3 STREET ADDRESS: 10481 S.W. 160TH CT 3.4 CITY-ST-ZIP: MIAMI, FL 33196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: APR 14/97 (305) 418-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)