FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:31

DOCUMENT # **P94000003699 (3)**

1. Corporation Name
KEYMAN USA, INC.

Principal Place of Business	Mailing Address
C/O EMAD TILLISY 3415 WEST HILLSBOROUGH AVE., #317 TAMPA FL 33614	C/O EMAD TILLISY 3415 WEST HILLSBOROUGH AVE., #317 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 201 E. KENNEDY BLVD.	26 201 E. KENNEDY BLVD.
22 SUITE 1400	27 SUITE 1400
23 TAMPA, FL	28 TAMPA, FL
24 Zip 33602 / 25 Country	29 Zip 33602 / 30 Country

4. FEI Number: 59-3218526 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/P	☑ Change ☐ Addition
NAME	ATTELLESEY, MOHAMED H	1.2 NAME	ATTELLESEY, MOHAMED K.	
STREET ADDRESS	% 3415 W. HILLSBOROUGH AVE.,#315	1.3 STREET ADDRESS	201 E. KENNEDY BLVD, SUITE 1400	
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	TAMPA FL 33602	
TITLE		2.1 TITLE	D	☐ Change ☑ Addition
NAME		2.2 NAME	PRESTON C. BROWN	
STREET ADDRESS		2.3 STREET ADDRESS	CEDARHURST, HIGH STREET	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SOUTHAMPTON, MA 01073	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 addition.

SIGNATURE: MOHAMED K. ATTELLESEY 1-23-95 (813) 222 8934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0297288 CP