

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000007726 (0)**
1. Corporation Name
BUSINESS INFORMATION TECHNOLOGIES USA INC.

Principal Place of Business: **13320 S.W. 21 ST. MIAMI FL 33175-1111**
Mailing Address: **13320 S.W. 21 ST. MIAMI FL 33175-1111**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1994		3a. Date of Last Report	
4. FEI Number 65-0463487		Applied For Not Applicable	
5. Certificate of Status Desired <input 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. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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		
23. Zip	28. Zip	Country	
24. Country	29. Country	30. Country	

9. Name and Address of Current Registered Agent
**CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD.
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	President
NAME	BELLON, JOSE A	2. NAME	
STREET ADDRESS	13320 S.W. 21 ST.	3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175-1111	4. CITY-ST-ZIP	
TITLE		5. TITLE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

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***200.00

SIGNATURE: *Jose A Bellon* JOSE A. BELLON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96 Jos 554-6922
SG 4-17-96
0180627 CP