

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

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95 MAY - 1 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000011441
1. Corporation Name
PRO-TECHNOLOGY U.S.A., INC.

Principal Place of Business 210 174th Street Unit 1419 No. Miami Beach, FL 33160	Mailing Address Same
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified February 10, 1994	3a. Date of Last Report
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2. Principal Place of Business 21 3682 NE 199 ST	2a. Mailing Address 25 3682 NE 199 ST	4. FEI Number 65-0484887	Applied For Not Applicable
22. Suite, Apt #, etc	27. Suite, Apt #, etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State AVENTURA FLORIDA	28. City & State AVENTURA FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33180	25. Country USA	29. Zip 33180	30. Country USA

9. Name and Address of Current Registered Agent Norman Leopold, Esquire Leopold & Leopold, P.A. 20801 Biscayne Blvd., Suite 501 Aventura, FL 33180	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 State FL
	86 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 fee if applicable. NOTE: Registered Agent signature required when re-designing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/T/D	Mauricio Goldring	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS	210 174th Street, Unit 1419	1.3 STREET ADDRESS	3683 NE 199 ST
CITY ST ZIP	No. Miami Beach, FL 33160	1.4 CITY ST ZIP	AVENTURA FL 33180
TITLE VP/S	Clara Goldring	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	210 174th Street, Unit 1419	2.3 STREET ADDRESS	3683 NE 199 ST
CITY ST ZIP	No. Miami Beach, FL 33160	2.4 CITY ST ZIP	AVENTURA FL 33180
TITLE VP/D	Isaac B. Hecht	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	Portugal 574 (1405)	3.3 STREET ADDRESS	
CITY ST ZIP	Buenos Aires, Argentina	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	10000 1472101
CITY ST ZIP		4.4 CITY ST ZIP	-05/08/95--01014--015
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	87511
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)(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 on an attachment with an address.

SIGNATURE:  **MAURICIO GOLDRING** **4-27-95** **205-964-1255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Name (Phone #)