**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 23 PM 3:10

DOCUMENT # **P94000014013 (4)**

1. Corporate Name
**A.M.P.S. USA, INC.**

Principal Place of Business
738 PERIWINKLE DRIVE
SEBASTIAN FL 32958

Mailing Address
738 PERIWINKLE DRIVE
SEBASTIAN FL 32958

3. Date Incorporated or Qualified: 02/18/1994
3a. Date First Qualified:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P O Box 780037
Suite, Apt. #, etc.
27
City & State
28 SEBASTIAN, FLORIDA
Zip 29 32978-0037 Country 30

4. FEI Number: 59-3229496
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. The corporation has authority to indemnify officers and directors under Section 607.0850, Florida Statutes: X Yes No

9. Name and Address of Current Registered Agent
NIESE, CHRISTIAN J
738 PERIWINKLE DR.
SEBASTIAN FL 32958

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 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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

| | |
|---|---|
| TITLE | DPVS |
| NAME | NIESE, CHRISTIAN J |
| STREET ADDRESS | 738 PERIWINKLE DRIVE |
| CITY, ST, ZIP | SEBASTIAN FL 32958 |
| TITLE | T |
| NAME | NIESE, CHRISTIAN J |
| STREET ADDRESS | 738 PERIWINKLE DRIVE |
| CITY, ST, ZIP | SEBASTIAN FL 32958 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
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| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | REMOVE | X Change / Add |
| NAME | CHRISTIAN J NIESE | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | REMOVE | X Change / Add |
| NAME | CHRISTIAN J. NIESE | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | DPVS | Change / X Add |
| NAME | SIMON THOMAS BIRCH | |
| STREET ADDRESS | 738 PERIWINKLE DRIVE | |
| CITY, ST, ZIP | SEBASTIAN, FL 32958 | |
| TITLE | T | Change / X Add |
| NAME | SIMON THOMAS BIRCH | |
| STREET ADDRESS | 738 PERIWINKLE DRIVE | |
| CITY, ST, ZIP | SEBASTIAN, FL 32958 | |
| TITLE | | Change / Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | Change / Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption listed 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 complete, 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 manager or member empowered by law to sign the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or I am otherwise authorized by law to do so.

**SIGNATURE:** Simon Birch 17-02-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0074884 CP