

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P94000017512 (2)**

1. Corporation Name

EBREX U.S., INC.

Principal Place of Business

**4280 SHADOW CREEK CIRCLE
OVIEDO FL 32785
US**

Mailing Address

**4280 SHADOW CREEK CIRCLE
OVIEDO FL 32785-7898
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1994		3a. Date of Last Report 03/06/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3227610		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**LIGHTSEY, ALTON L ESQ.
255 S. ORANGE AVE.
SUITE 1800
ORLANDO FL 32801**

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EBUS, S. P. M.			1.2 NAME			
STREET ADDRESS	MERCURIUSWES 12			1.3 STREET ADDRESS			
CITY - ST - ZIP	AR SCHIEDAN NE			1.4 CITY - ST - ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROOS, L. J. C.			2.2 NAME			
STREET ADDRESS	MERCURIUSWES 12			2.3 STREET ADDRESS			
CITY - ST - ZIP	AR SCHIEDAN NE			2.4 CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIEBELT, H. C.			3.2 NAME			
STREET ADDRESS	MERCURIUSWES 12			3.3 STREET ADDRESS			
CITY - ST - ZIP	AR SCHIEDAN NE			3.4 CITY - ST - ZIP			
TITLE	GM	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARP, H. C.			4.2 NAME			
STREET ADDRESS	4280 SHADOW CREEK CIRCLE			4.3 STREET ADDRESS			
CITY - ST - ZIP	OVIEDO FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF BRINKING OFFICER OR DIRECTOR

4/1/97
Date

(407)355-1733
Daytime Phone #

0070648

CR2E034 (9/96)