FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						FILED		
			LORIDA DEP/	ARTMENT	OF STATE	Apr 16 1	998 8.6	)()am
	UAL REPORT			B. Morth tary of Stat		=		
1998			DIVISION OF CORPORATIONS			Secretary of State		
DOCU		0000652	37 (7)	)				
, ,	INT INVESTMENT HOL	DINGS USA, INC	).					
Principal Place of Business Mailing Address						<u> </u>		AN NU HU
ONE S.E. 3RD AVE. ONE S.E. 3RD AVE. SUITE 1400								
MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN THIS SPACE			<u> </u>
						<ol> <li>Date Incorporated or Qualified 09/02/1994</li> </ol>		
	Place of Business		ng Address			4. FEI Number		pplied For
21 Suite, Apt	. #, etc.	26 Suite,	Apt. #, etc.			65-0518017	60 7E	ot Applicable
22 City & Sta		27	State			5. Certificate of Status Desired	Fee R	equired
23		28	Siale			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zıp 24	Country 25	Zip 29		Co.	ntry	8. This corporation owes or has p		itangible No
24	9. Name and Address of		Agent			Personal Property Tax due Jur 10, Name and Address of New F		
	OPROLITE CORPORATION				61 Name			
ONE S.E. 3RD AVE. B2 Street Addre SUITE 1400-A						fress (P.O. Box Number is Not Accept	able)	
MIAMI FL 33131						· · · · · · · · · · · · · · · · · · ·		
					84 Čity		FL <b>85</b> Zip	Code
11. Pursuant	t to the provisions of Sections (	507.0502 and 607.150	8, Florida Statu	utes, the al	ove-named cor	poration submits this statement for the		ts registered
agent. Le	registered agent, or both, in tr am familiar with, and accept th	e State of Florida. Suc e obligations of, Secti	ch change was on 607.0505, F	authorize Iorida Stat	d by the corpora utes.	poration submits this statement for the tion's board of directors. I hereby acc	ept the appointment as	registered
SIGNATURE	Signaturo, typed or printed name of regi	stered agent and title if applics	ble (NC	) TE: Registers:	Agent signature requ	ired when reinstating)	DATE	
<b>12.</b> TITLE	OFFICE	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		
NAME	BULMAN, MIKHAIL			1.1 TC 1.2 N/			Change	Addition
STREET ADDRESS	18 WYNFORD DRIVE U			1.3 \$1	REET ADDRESS			
CITY-ST-ZIP TITLE	D	0 CA	DELETE	1.4 Cl	TY-ST-ZIP		Change	
NAME	BULMAN, MARINA			2.2 N			C onarge	
STREET ADDRESS	18 WYNFORD DRIVE U				REET ADDRESS			
CITY - ST - ZIP TITLE	NORTH YORK ONTAR	UCA	DELETE	2 4 C 3 1 TJ	TY - ST - ZIP	••••••	Change	Addition
NAME				3.2 N	1			
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	<u> </u>	DELETE	3.4. Cl 4.1 Til	TY+ST-ZIP LE		Change	Addition
NAME				4. 2 N				
STREET ADDRESS					REET ADDRESS			
CITY ST ZIP TITLE			DELETE	4.4 CI 5.1 TI	IY-ST-ZIP LE		Change	Addition
NAME				5.2 NA				
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	5.4 Ci 6.1 Til	Y-ST-ZIP LE		Change	Addition
NAME				6.2 NA				
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP 14.   hereby	certify that the information sup	plied with this filing do	es not qualify	for the exe	Y-ST-ZIP mption stated in	Section 119.07(3)(i), Florida Statutes.	I further certify that the	information
officer or	ori this annual report or suppl director of the corporation or or Block 13 if chanced or	emental annual report	is true and ac empowered to	curate and execute t	i that my signatu his report as req	ure shall have the same legal effect as uired by Chapter 607, Florida Statutes	if made under oath; thi ; and that my name ap	at I am an pears in
		a man and an an					MR 30	
SIGNAT			miv	NAM.	Burn	An)	INK SU!	78

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