## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT

1997

Lam an officer or d appears in Block of SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1997 8:00am

Secretary of State

and that my signature shall have the same legal effect as if made under oath; that this report as required by Chapter 607, Florida Statutes; and that my name

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000065238 (5)

INVINCIBLE HOLDINGS USA, INC.

Principal Place of Business Mailing Address ONE S.E. 3RD AVE. ONE S.E. 3RD AVE. **SUITE 1400 SUITE 1400** MIAMI FL 33131 MIAMI FL 33131-1777 3a. Date of Last Report 3. Date Incorporated or Qualified 09/02/1994 04/09/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0518002 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State: \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 🗶 Yes 🔲 No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COPROLITE CORPORATION ONE S.E. 3RD AVE. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 1400-A **MIAMI FL 33131** 83 84 City 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 607.0506, Florida Statutes. SIGNATURE Signature, typich or perstumicaine of registered agent and title d applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. DELETE Change Addition DILE 11 TITLE BULMAN, MIKHAIL 1.4146 1.2 NAME 18 WYNFORD DRIVE UINT 403 1.3 STREET ADDRESS STREET ADORESS NORTH YORK ONTARIO CA Off Y-\$1-2H 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition DIM **BULMAN, MARINA** NAME 2.2 NAME 18 WYNFORD DRIVE UNIT 403 STREET ADDRESS 2.3 STREET ADDRESS NORTH YORK ONTARIO CA 2 4 CiTY-ST-ZiP 0(1) - S\* - 7(P) DELETE Addition Change THEF 3.1 TITLE NAM 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 101:1 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 0174-51-719 44 CITY-ST-ZIP DELETE Change Addition 51 TITLE THE NAM: 52 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CiTY - ST - ZIP 007-51-20° TOLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

14. Too hereby certify that the information supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the

supplemental annual report is true and accurate per pic receiver or trustee empowered to exer