SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $225 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 06 AM 11:11

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000083924 (8)**

1. Corporation Name

MORAVIA U.S.A., INC.

Principal Place of Business
2501 SEA ISLAND DR
FT LAUDERDALE FL 33301

Mailing Address
2501 SEA ISLAND DR
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 11/17/1994

3a. Date of Last Report:

2. Principal Place of Business
21 4020 N.E. 10th. WAY
Suite, Apt. #, etc.
22 Bldg A
City & State
23 POMPANO BEACH FL
Zip 24 33064
County 25 BROWARD

2a. Mailing Address
26 4020 N.E. 10th. WAY
Suite, Apt. #, etc.
27 Bldg. A
City & State
28 POMPANO BEACH FL
Zip 29 33064
County 30 BROWARD

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Dr. Jon Carrington Foundation Trust Fund Contribution [ ] $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

LARRY J BEHAR PA
888 SE THIRD AVE
SUITE 400
FT LAUDERDALE FL 33316

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES OR DELETIONS	
TITLE	D	1.1 TITLE	[ ] Change [ ] Addition
NAME	ROCHAT, PIERRE J	1.2 NAME	
STREET ADDRESS	2501 SEA ISLAND DR	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL 33301	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	[ ] Change [ ] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] 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 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 my address.

SIGNATURE: P Rochat 06/06/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0070696 CP