

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000083924 (8)**

1. Corporation Name  
**MORAVIA U.S.A., INC.**



Principal Place of Business	Mailing Address
4020 N.W. 10TH WAY BLDG A POMPANO BCH FL 33064 US	4020 NE 10TH WAY BLDG. A POMPANO BCH FL 33064 US

3. Date Incorporated or Qualified <b>11/17/1994</b>	3a. Date of Last Report <b>06/20/1995</b>
4. FEI Number <b>APPLIED FOR 65-0587148</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>2501 SEA ISLAND DRIVE</b> Suite, Apt. #, etc.	26 <b>2501 SEA ISLAND DRIVE</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 <b>FT LAUDERDALE, FL</b>	28 <b>FT LAUDERDALE, FL</b>
24 Zip <b>33501</b> Country <b>BROWARD</b>	29 Zip <b>33301</b> Country <b>BROWARD</b>

g. 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 <b>TODD W. KLISTON</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8211 W. BROWARD BLVD # 315</b>
83
84 City <b>PLANTATION</b> FL 85 Zip Code <b>33324</b>

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: Todd Kliston DATE: **1/26/96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ROCHAT, PIERRE J</b>
STREET ADDRESS	<b>2501 SEA ISLAND DR</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 or changed, or on an attachment with an address.

SIGNATURE: P. Rochat DATE: **6/2/96** 305 -

CR2E034 (12/95)