SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000090864 (7)**

1. Corporation Name
SAKO U.S.A. INC.

Principal Place of Business	Mailing Address
5180 N. FEDERAL HIGHWAY FT. LAUDERDALE FL 33308 US	2350 CHEMIN MANELLA RD. 100 VILLE MONT-ROYAL QU H4P 2-R US

2. Principal Place of Business 21 731 N. FEDERAL HIGHWAY	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/15/1994	3a. Date of Last Report 05/01/1995
Suite, Apt. #, etc 22 —	Suite, Apt. #, etc 27	4. FEI Number 65-0570484	☐ Applied For ☐ Not Applicable
City & State 23 Ft. LAUDERDALE, FLA	City & State 28 MONTREAL, QUEBEC	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 33304 / 25 USA	Zip / Country 29 H4P-2P4 / 30 CANADA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST, 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: STEPHEN BEYER, ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 4600 SHERIDEN ST. SUITE 301
83 HOLLYWOOD
84 City: FL 85 Zip Code: 33021

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] AUG 5 '96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C LIBERIAN, HAROUTIOUN 2350 MANELLA RD. 100 VILLE MONT ROYAL Q.	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PACHA, AMER 3300 N.E. 192ND ST., 1714 AVENTURA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	F KORSOS, GREGORY N 2350 MANELLA RD. 100 VILLE MONT ROYAL Q.	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LIBERIAN, SARKIS 2350 MANELLA RD. 100 VILLE MONT ROYAL Q.	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] G.K. KORSOS Aug 7, 1996 5147353701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #