

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000013194 (2)
 1. Corporation Name

LAURENTI U.S.A. COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126
 Mailing Address: 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126

3. Date Incorporated or Qualified: 02/14/1995
 4. FEI Number: 65-0577556 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SKOLA, THOMAS J, 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	ROCHA, CESAR	1.1 TITLE: [] Change [] Addition
STREET ADDRESS: 5201 BLUE LAGOON DRIVE SUITE 100	MIAMI FL 33126	1.2 NAME:
CITY-ST-ZIP: MIAMI FL 33126		1.3 STREET ADDRESS:
TITLE: VPTD	LAURENTI, ANTONIO F	1.4 CITY-ST-ZIP:
STREET ADDRESS: 5201 BLUE LAGOON DRIVE SUITE 100	MIAMI FL 33126	2.1 TITLE: [] Change [] Addition
CITY-ST-ZIP: MIAMI FL 33126		2.2 NAME:
TITLE: S	SKOLA, THOMAS J	2.3 STREET ADDRESS:
STREET ADDRESS: 5201 BLUE LAGOON DRIVE SUITE 100	MIAMI FL 33126	2.4 CITY-ST-ZIP:
CITY-ST-ZIP: MIAMI FL 33126		3.1 TITLE: [] Change [] Addition
TITLE:		3.2 NAME:
STREET ADDRESS:		3.3 STREET ADDRESS:
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:
TITLE:		4.1 TITLE: [] Change [] Addition
STREET ADDRESS:		4.2 NAME:
CITY-ST-ZIP:		4.3 STREET ADDRESS:
TITLE:		4.4 CITY-ST-ZIP:
STREET ADDRESS:		5.1 TITLE: [] Change [] Addition
CITY-ST-ZIP:		5.2 NAME:
TITLE:		5.3 STREET ADDRESS:
STREET ADDRESS:		5.4 CITY-ST-ZIP:
CITY-ST-ZIP:		6.1 TITLE: [] Change [] Addition
TITLE:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 an address.

SIGNATURE: *Thomas J. Skola* Secretary 7/31/98 3052601014

CR2E034 (5/98)