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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024462 (0)

USA PELICAN, INC

FILED Mar 14 1997 8:00am Secretary of State



Principal Place of Business 1540 E COMMERICAL BLVD SUITE B FT LAUDERDALE FL 33334		Mailing Address	1540 E COMMERICAL BLVD SUITE B			
		* * *				
		FT LAUDERDALE FL 33334	¥3732	3. Date Incorporated or Qualified		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0567298	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		C. Continuate of Olares Control	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	Country	Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Country	This corporation has liability for Florida Statutes	Intangible tax under s. 199.032.	
24	25 25 Name and Address of 0	29 Current Registered Agent	30]	10. Name and Address of New Re	3 24	
	ISE, ALBERT		81 Name /	^ .	· · · · · · · · · · · · · · · · · · ·	
	E COMMERCIAL BLVD			40QUES DESAULNI	ERS	
SUIT			82 Street Ad	dress (P.O. Box Number is Not Acceptal	DIE) 106	
	AUDERDALE FL 33334		83		-,00	
	CTUBELLOCALE LE VOVOT			ANIA, FL 33004		
•		_		·	FL 85 Zip Code	
11. Pursuant to	o the provisions of Sections 6	67,0502 and 607,1508, Florida Statut	es, the above-named co	rporation submits this statement for the	purpose of changing its registered	
office or ro	ogistered agent, or both, in the	 State of Florida, Such change was a sublinations of Section 607 0505. Florida. 	authorized by the corpor	rporation submits this statement for the pation's board of directors. Thereby acce	pt the appointment as registered	
	THE HARMAN WITH, AND ACCESS TO	Voligations of Cochon Con Local, 1 x	ontia ottatotoo.	3//	0/97	
SIGNATURE	Signature, typed or printed name of rubus	rfed agent and title if applicable (NOT	F Registered Agent signature req		DATE	
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PO /	DELETE	1.1 THLE		Change Addition	
NAME	DESAULNIERS, JACQUE	S	1.2 NAME			
STREET ADDRESS	121 SE 3 AVE #C-106		1.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004		1.4 CITY+SI - ZIP		Oleman DAME	
TITLE	STD	[_] DELETE	2.1 TITLE		Change Addition	
NAME	ALLARD, J. CLAUDE		2.2 NAME			
STREET ADDRESS	121 SE 3 AVE #C-106		2.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004	DELETE	2. 4 CHTY-ST-ZIP		Change Addition	
TITLE		DELETE	3 1 TITLE		Circulate Circulation	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3 4. CHY-S1-ZIP 4 1 TITLE		Change Addition	
TITLE			4. 2 NAME			
NAME OTOSST ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CHY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		 •	
STREET ADDRESS			5.3 STREET ADDRESS			
· .			5.4 CITY - S1 - ZIP			
CITY-ST-ZIP TITLE		DELETE	6.1 TOLE		Change Addition	
NAME		•	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 C(1)Y - S1 - Z(P			
44 (4)	by certify that the information s	applied with this filing does not quali-	to for the averantion state	ed in Section 119.07(3)(i), Florida Statute	es. I further certify that the	
Informatio	n indicated on this annual rep flicer or director of the corners	ort or supplemental annual report is t ation or the receiver or trustee empty	true and accurate and the vered to execute this rec	hat my signature shall have the same leg port as required by Chapter 607, Florida	at effect as if made under oath; that Statutes; and that my name	
appears in	n Block 12 or Block 13 if chan	ged, or on an attachment with an ad-	dress.	The section of the se		