

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000034642 (5)

1. Corporation Name
ALPINA USA, INC.

Principal Place of Business
**3035 5TH AVE N
ST PETERSBURG FL 33713**

Mailing Address
**3035 5TH AVE N
ST PETERSBURG FL 33713-6705**



2. Principal Place of Business 21 3495 5TH AVE. N. Suite, Apt. #, etc. 22 City & State 23 ST. PETERSBURG, FL Zip 24 33713		2a. Mailing Address 26 3495 5TH AVE. N. Suite, Apt. #, etc. 27 City & State 28 ST. PETERSBURG, FL Zip 29 33713		3. Date Incorporated or Qualified 04/27/1995	3a. Date of Last Report 04/18/1996
25. Country PIRELLA		30. Country PIRELLA		4. FEI Number 59-3318059	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SWOBODA, RUDOLF 3035 5TH AVE N ST PETERSBURG FL 33713		10. Name and Address of New Registered Agent 81 Name CHESTER W. INGALLS 82 Street Address (P.O. Box Number is Not Acceptable) 3495 5TH AVE. N. 83 84 City ST. PETERSBURG FL 85 Zip Code 33713	
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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 Chester W. Ingalls **CHESTER W. INGALLS** DATE **4/9/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BARTLEWSKI, JUSTUS	1.2 NAME	
STREET ADDRESS	390 BELLE POINT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL 33708	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BARTLEWSKI, LIESELOTTE	2.2 NAME	
STREET ADDRESS	390 BELLE POINT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL 33708	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE: [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE **4/9/97** DAYTIME PHONE # **813-302-0406**

CR2E034 (9/96)