CORI ANNU	NOTICE: CORPION OR BEFORE 8 PROFIT PORATION JAL REPORT	///96: \$225 (IF DISSO	Sandra B Secretar	AUGUST 7, 1996. E TO REINSTACE: \$375.) ITMENT OF STATE B Mortham ry of State CORPORATIONS		
DOCUN 1. Corporation TEL-AM	MENT # Name IERICA USA,		0035649 (9)		E J <b>ea</b> nna na Mart Dùm Dain Dain Dai	<b>  1</b>       <b>  1</b>
Principal Place of Business Mailing Address						
3800 WASHIN WEST PALM I	IGTON ROAD. # 1 BEACH FL 33405	209	3800 WASHINGTON ROA WEST PALM BEACH FL	D. # 1209		
			TEST FALM DENGTIFE	3,1405	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pia			2a. Mailing Address		05/02/1995 4. FEI Number	Applied For
21 15\5 Suite, Apt. #	So. FLAG	ilee or	26 1515 So Suite, Apt #, etc	Flagler D	65-058-6538	Not Applicable
22 2-80	3		27 2-802		5. Certificate of Status Des red	\$8.75 Additional Fee Required
City & State  23 W · Pal	m BCH,	FL	28 W. Palm BC	G. FC	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3340		Country	72101	Country	8. This corporation has liability for	r intangible tax under s. 199 032,
		Address of Current	Registered Agent		Florida Statutes  10. Name and Address of New F	Yes No Registered Agent
	CALL, GLORIA IO WASHINGTO	S IN ROAD, # 1209		81 Name		
	ST PALM BEAC			82 Street Add	ress (P.O. Box Number is Not Accepta	#280}
•				83		
11_ Pursuant to	the provisions o	Sections 607 0602	20d 607 1500 Florida October	84 Citi <b>W</b> . (	Paum Bull	FL 85 Zip Code 3340
office or rec	gistered agent of tamiliar with	r both, in the State of accept the obligation	and 607, 1508, Florida Statutes Florida: Such change was au ons of, Section 607,0505, Flori	s, the above named corp thorized by the corporati ida Statutes	poration submits this statement for the ion's board of directors. Thereby accel	purpose of changing its registered pt the appointment as registered
l Signaturf 🖊	( ) _/_/~					
	log dum Moed 🐠 stort	of name of our store Vaccout	Calona S.	MCCALL		6-17-98
12.	ignature speed sprint	of name of registered agent a OFFICERS AND	and the it applicable (NOTE DIRECTORS	Flogistema Agent signarum requi		6-17-96
12. TITLE	GIORIA	OFFICERS AND	and title if applicable (NOTE DIRECTORS)  DELETE	Flegisteric Agent signature requi	red when reinstaring)	6-17-96
12. TITLE NAME STREET ADDRESS	G10Rm 1515 S.	OFFICERS AND	and the if applicable (NOTE DIRECTORS  DELETE  DA 471 2802	Flogistema Agent signarum requi	red when reinstaring)	6-17-96
12. TITLE NAME STREET ADDRESS	G10Rm 1515 S.	OFFICERS AND	and the if applicable (NOTE DIRECTORS  DELETE  DA 471 2802	Fing-otema Agent signarure requi 13. 1 1 TITLE 1.2 NAME	red when reinstaring)	CERS AND DIRECTORS IN 12  Change Add tren  (S6)  Change Add tren  (S7)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	G10Rm 1515 S.	OFFICERS AND	DIRECTORS  DELETE  DA STL 2803	Fingleterrol Agent signarure requirements  13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST- ZIP	red when reinstaring)	6-17-96
12. THE NAME STREET ADDRESS CITY-ST-ZIP HITLE	G10Rm 1515 S.	OFFICERS AND	DIRECTORS  DELETE  DA STL 2803	Financiario Agent signamire requi 13.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY - ST - ZIP  21 TITLE  22 NAME  23 STREET ADDRESS	red when reinstaring)	CERS AND DIRECTORS IN 12  Change Add tren  (S6)  Change Add tren  (S7)
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