

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

FILED  
Apr 25 1997 8:00am  
Secretary of State

DOCUMENT # P95000047009 (2)

1. Corporation Name  
SHAM-ROC USA, INC.



Principal Place of Business  
632 SOUTH DR.  
MIAMI SPRINGS FL 33166

Mailing Address  
632 SOUTH DR.  
MIAMI SPRINGS FL 33166-5950

3. Date Incorporated or Qualified 06/16/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-1588646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
UMBACH, TAMMY M 632 SOUTH DR. MIAMI SPRINGS FL 33166		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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, 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	PD							1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	UMBACH, TAMMY M	<input type="checkbox"/> DELETE						1.2 NAME							
STREET ADDRESS	632 SOUTH DR.							1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI SPRINGS FL 33166							1.4 CITY-ST-ZIP							
TITLE	VPD	<input type="checkbox"/> DELETE						2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	UMBACH, DAVID							2.2 NAME							
STREET ADDRESS	632 SOUTH DR.							2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI SPRINGS FL 33166							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 if changed, or on an attachment with an address.

SIGNATURE: X Tammy M Ubach 4/20/97 305 888 5338

CR2E034 (9/96)