

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000054392 (2)

1. Corporation Name

CYGNUS (U.S.) CORPORATION



Principal Place of Business

Mailing Address

150 WEST FLAGLER ST.
SUITE 2200
MIAMI FL 33130

150 WEST FLAGLER ST.
SUITE 2200
MIAMI FL 33130

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 25

29 30

9. Name and Address of Current Registered Agent

FREED, OWEN S
150 WEST FLAGLER ST.
SUITE 2200
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 not raised 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report

Signature of Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	GOMEZ, HERMANN	
STREET ADDRESS	550 PUERTA AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL 33143	
TITLE	SD	☐ DELETE
NAME	GREED, OWEN S	
STREET ADDRESS	150 WEST FLAGLER ST. #2200	
CITY-STATE-ZIP	MIAMI FL 33130	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

OWEN S. FREED
(Correct) OWEN S. FREED

000001773000
-04/09/96--01010--001
***208.75

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OWEN S. FREED

CR2E034 (12/95)

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