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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000062569 (5)

1. Corporation Name
CAG ASSOCIATES (USA), INC.



Principal Place of Business
4934 58TH AVENUE, SOUTH
ST. PETERSBURG FL 33715

Mailing Address
4934 58TH AVENUE, SOUTH
ST. PETERSBURG FL 33715-1618

3. Date Incorporated or Qualified 08/11/1995	3a. Date of Last Report 02/06/1996
4. FEI Number 59-3356280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" 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 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	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent
LABARERA, MICHAEL D ESQ.
1907 WEST KENNEDY BOULEVARD
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GILLETT, C. ANTHONY
STREET ADDRESS	4934 58TH AVENUE, SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL 33715
TITLE	VP
NAME	HILDYARD, PHILLIPA CLARE
STREET ADDRESS	"THE ELMS" ROOS
CITY - ST - ZIP	EAST YORKS HU (Incomplete) →
TITLE	VP
NAME	GILLETT, CHARLES RE
STREET ADDRESS	14 WERSTOOD RD (Change) →
CITY - ST - ZIP	BEVERLY EA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VSTD
1.2 NAME	GILLETT, JOAN KATHLEEN
1.3 STREET ADDRESS	4934, 58TH AVENUE SOUTH
1.4 CITY - ST - ZIP	ST PETERSBURG, FL 33715
2.1 TITLE	VP
2.2 NAME	HILDYARD, PHILLIPA CLARE
2.3 STREET ADDRESS	"THE ELMS" ROOS
2.4 CITY - ST - ZIP	HUI200LA, U.K.
3.1 TITLE	VP
3.2 NAME	GILLETT, CHARLES R.E.
3.3 STREET ADDRESS	"MANOR FARM HSE"
3.4 CITY - ST - ZIP	BEVERLEY, HUITTEN, U.K.
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 or authorized to prepare 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(C.A. GILLETT) 8 Jan '97 (813) 867 6017

Date

Daytime Phone #

CR2E034 (9/96)