

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000067812 (4)

1. Corporation Name  
COCCODRILLO U.S.A., INC.



Principal Place of Business: C/O 200 SOUTH BISCAYNE BLVD. #4815 MIAMI FL 33131  
Mailing Address: C/O 200 SOUTH BISCAYNE BLVD. #4815 MIAMI FL 33131

3. Date Incorporated or Qualified: 09/01/1995  
3a. Date of Last Report  
4. FEI Number: 65-0608265  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
SALUGGOLIA, PIERO  
200 SOUTH BISCAYNE BLVD. #4815  
MIAMI FL 33131

10. Name and Address of New Registered Agent  
81 Name: JORGE G. IGNARRA  
82 Street Address (P.O. Box Number is Not Acceptable): 2998 SW 3rd. Street  
83 City: MIAMI FL 85 Zip Code: 33135

I, 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: *J. Ignarra* JORGE G. IGNARRA DATE: 04/26/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTI, SERGIO	
STREET ADDRESS	VIA LAVIZZARI 2A 6 PIANO	
CITY-ST-ZIP	6900 LUGANO SWITZERLAND	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MONTI, SERGIO	
1.3 STREET ADDRESS	VIA LAVIZZARI 2A 6 PIANO	
1.4 CITY-ST-ZIP	6900 LUGANO SWITZERLAND	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	IGNARRA, JORGE G	
2.3 STREET ADDRESS	2998 SW 3rd STREET	
2.4 CITY-ST-ZIP	MIAMI, FL 33135	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	700001839187	
5.4 CITY-ST-ZIP	-05/24/96--01097--028	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *J. Ignarra* JORGE G. IGNARRA DATE: 4/26/96 (305)643-6172

CR2E034 (12/95)