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Apr 17 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 # P95000077691 (0)

1. Corporation Name

DEALMAKERS U.S.A., INC.



Principal Place of Business

5500 N. POWERLINE RD  
OAKLAND PARK FL 33309  
US

Mailing Address

5500 POWERLINE ROAD  
OAKLAND PARK FL 33309-5917  
US

3. Date Incorporated or Qualified  
10/06/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 3134 W. COMMERCIAL

Suite, Apt. #, etc.

22 BLVD

23 TAMARAC, FL

24 33309

25 USA

26. Mailing Address

26 1750 SW 4th AVE

Suite, Apt. #, etc.

27 BOCA RATON FL

28 33432

29 USA

4. FEI Number

65-0600630

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

9. Name and Address of Current Registered Agent

BUTLER, BRUCE S  
7101 WEST MC NAB ROAD  
SUITE 103  
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name DIROCCO, DOHBROW AND ASSOCIATES  
82 Street Address (P.O. Box Number is Not Acceptable)  
6610 N. UNIVERSITY DR  
83 # 220  
84 City TAMARAC FL 85 Zip Code 33321

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

Raymond M DiRocco

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/97

12. OFFICERS AND DIRECTORS

TITLE D PALESTINE, MARK

NAME 12150 NW 10TH STREET  
STREET ADDRESS COARL SPRINGS FL  
CITY-ST-ZIP

TITLE DP

NAME MARC SEBBANE  
STREET ADDRESS 3500 N. POWERLINE ROAD  
CITY-ST-ZIP OAKLAND PARK FL

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Change Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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 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:

91. Sebbane MARC SEBBANE 04.04.97. 954-484-86.64

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0268362

CR2E034 (9/96)