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 # P95000086358

1. Corporation Name

FIGALI USA, INC.

Principal Place of Business / Mailing Address

C/O LUIS R. AVELLO, PA
7400 S.W. 50 TERR # 301
MIAMI, FL 33155

3. Date Incorporated or Qualified: 11/09/95
3a. Date of Last Report:

4. FEI Number: [X] Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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 [X] No

	2. Principal Place of Business		2a. Mailing Address
21	7400 SW 50 Terr	26	7400 SW 50 Terr
22	Suite, Apt #, etc: Suite 301	27	Suite, Apt #, etc: Suite 301
23	City & State: Miami Fl	28	City & State: Miami Fl
24	Zip: 33155	29	Zip: 33155
25	Country:	30	Country:

9. Name and Address of Current Registered Agent

Jacob Ohayon
20281 E Country Club Dr
suite 1503
N.M.B. Fl 33180

10. Name and Address of New Registered Agent

81 Name: Luis R. Avello
82 Street Address (P.O. Box Number is Not Acceptable): 7400 S.W. 50 Terr
83 suite 301
84 City: Miami FL 85 Zip Code: 33155

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] DATE: 2/15/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	Jean Feghali	
STREET ADDRESS	20281 E Country Club dr #1503	
CITY-ST-ZIP	N.M.B , Fl 33180	
TITLE	VP	[ ] DELETE
NAME	Jacob Ohayon	
STREET ADDRESS	20281 E Country Club dr. #150	
CITY-ST-ZIP	N.M.B. , Fl 33180	
TITLE	S	[ ] DELETE
NAME	Luis R. Avello	
STREET ADDRESS	7400 S.W. 50 Terr #301	
CITY-ST-ZIP	Miami, Fl. 33155	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
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	000001777860	
4.4 CITY-ST-ZIP	-04/12/96--01014--004	
5.1 TITLE	***208.75	[ ] 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		

CR2E034 (12/95)

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: [signature] 2/16/96 (305) 666-9188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Luis R. Avello