

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000091048 1. Corporation Name			
EXCELLENCE U.S.A. INCORPORATED			
Principal Place of Business		Mailing Address	
5805 S.W. 120 Avenue Cooper City, FL 33330		5805 S.W. 120 Avenue Cooper City, FL 33330	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/27/95	08/07/96
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0685533	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALBERT A. A. CARTENUTO, III, ESQ. 12515 N. Kendall Drive, Suite 400 Miami, FL 33186-1831		81 Name ALBERT A. A. CARTENUTO, III, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 11314 S.W. 147 Place, Suite 100 83 84 City Miami FL 85 Zip Code 33196-3340	
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		ALBERT A. A. CARTENUTO, III, ESQ. 04/28/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	FERNANDEZ, MANNY		
STREET ADDRESS	5805 S.W. 120 Avenue	13 STREET ADDRESS	
CITY-ST-ZIP	Cooper City, FL 33330	14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	22 NAME
STREET ADDRESS		23 STREET ADDRESS	24 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS		33 STREET ADDRESS	34 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS		43 STREET ADDRESS	44 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS		53 STREET ADDRESS	54 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS		63 STREET ADDRESS	64 CITY-ST-ZIP
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:		4/24/97 8544345671	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MANUEL J. Fernandez - President	

CR2E034 (3/96)