

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000017808 (2)

1. Corporation Name  
A-1 SUNLINE U.S.A., CORP.



Principal Place of Business 9694 N.W. 35TH STREET CORAL SPRINGS FL 33065	Mailing Address 9694 N.W. 35TH STREET CORAL SPRINGS FL 33065-2801
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3. Date Incorporated or Qualified 02/27/1996	3a. Date of Last Report
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2. Principal Place of Business 21 966 HARBOUR MNTN Suite, Apt. #, etc. 22 Bldg 21 City & State 23 CORAL SPRINGS FL Zip 24 33071 Country 25 U.S.A.	2a. Mailing Address 26 966 HARBOUR MNTN Suite, Apt. #, etc. 27 Bldg 21 City & State 28 CORAL SPRINGS FL Zip 29 33071 Country 30 USA	4. FEI Number 65-0666110 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

FERNANDEZ, RUBEN D  
9694 N.W. 35TH STREET  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name <del>ANDREA SCALABRONI</del> RDT	82 Street Address (P.O. Box Number is Not Acceptable) <del>2180 RIVERSIDE DR #227</del>	83 City <del>CORAL SPRINGS FL</del>	84 Zip Code <del>33065</del>
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TREASURER	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GABRIEL D. GURADO		1.2 NAME GABRIEL D. GURADO	
STREET ADDRESS 9694 N.W. 35TH ST. C. SPRINGS FL		1.3 STREET ADDRESS 2180 RIVERSIDE DR #227	
CITY-ST-ZIP CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE SECRETARY	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUBEN FERNANDEZ		2.2 NAME ANDREA SCALABRONI	
STREET ADDRESS 966 HARBOUR MNTN Bldg 21		2.3 STREET ADDRESS 966 HARBOUR MNTN Bldg 21	
CITY-ST-ZIP CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0149324

CR2E034 (9/96)