

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000024671 (5)**

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

Principal Place of Business
**C/O ALLAN SERCHAY, CPA
5310 NW 33RD AVENUE STE 110
FORT LAUDERDALE FL 33309**

Mailing Address
**C/O ALLAN SERCHAY, CPA
5310 NW 33RD AVENUE STE 110
FORT LAUDERDALE FL 33309-6319**



2. Principal Place of Business 21 4600 A SEA GRAPE DRIVE Suite, Apt. #, etc. 22 LAUDERDALE BY THE SEA, FL. City & State 23 33308 USA Zip Country		2a. Mailing Address 26 4600A SEA GRAPE DRIVE Suite, Apt. #, etc. 27 LAUDERDALE BY THE SEA, FL. City & State 28 33308 USA Zip Country		3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last Report
4. FEI Number 65-0650759		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					

9. Name and Address of Current Registered Agent SERCHAY, ALLAN 5310 NW 33RD AVENUE SUITE 110 FORT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name Bruno Sartoni 82 Street Address (P.O. Box Number is Not Acceptable) 275 Camelia Rd SW Suite 260 83 84 City LAUDERDALE by the Sea FL 85 Zip Code 33308	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PASSA, GIOVANNI VIA ANTICOLANA 68, ANAGNI, FROSINONE, ITALY 03012	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST GABRIELI, MAURIZIO C/O 5310 NW 33RD AVENUE STE 110 FORT LAUDERDALE FL 33309	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Giovanni Passa* *[Signature]* 3/17/97 954-4243800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)