

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

FILED
Apr 23 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 # P96000028459

1. Corporation Name

VARIABLE OPERATIONS USA, INC.

Principal Place of Business

Mailing Address

4781 North Congress Avenue
Suite 214
Lantana, Florida 33462

4781 North Congress Avenue
Suite 214
Lantana, Florida 33462

3. Date Incorporated or Qualified

3a. Date of Last Report

04/01/96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Law Firm of Lawrence J. Spiegel
343 Almeria Avenue
Coral Gables, Florida 33134

81 Name
Lawrence J. Spiegel, P.A. DBA AmeriLawyer

82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue

83

84 City
Coral Gables, FL

85 Zip Code
33134

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 hereby acknowledging the obligations of Section 607.0505, Florida Statutes.

Lawrence J. Spiegel, P.A. DBA AmeriLawyer

SIGNATURE

Notario Otterera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trevor J. Wilkinson	12 NAME	
STREET ADDRESS	11 Hawthorne Lane	13 STREET ADDRESS	
CITY-STATE-ZIP	Boynton Beach, Florida 33462	14 CITY-STATE-ZIP	
TITLE	STVD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geoffrey J. Nock	22 NAME	
STREET ADDRESS	11 Hawthorne Lane	23 STREET ADDRESS	
CITY-STATE-ZIP	Boynton Beach, Florida 33462	24 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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***165.00

AN 4-23-97

400002154374
-04/25/97-01004-000
***165.00

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 included 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/97

CR2E034 (9/96)