

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

FILED

Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000042661 (4)**

1. Corporation Name
U.C.B. COMPANIES USA, INC.



Principal Place of Business
**C/O POST OFFICE BOX 5082
FORT LAUDERDALE FL 33310-5082**

Mailing Address
**C/O POST OFFICE BOX 5082
FORT LAUDERDALE FL 33310-5082**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1181 S. ROGERS Circle Suite, Apt. #, etc. 22 Suite #26 City & State 23 BOCA RATON, FL Zip 24 33487	2a. Mailing Address 26 1181 S. Rogers Circle Suite, Apt. #, etc. 27 Suite #26 City & State 28 BOCA RATON, FL Zip 29 33487 Country 30 P.B.
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3. Date Incorporated or Qualified 05/20/1996	4. FEI Number 65-0698890	Applied For <input type="checkbox"/> 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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ARIE MREJEN P.A.
701 W CYPRESS CREEK RD
STE 302
FT LAUDERDALE FL 33309**

81 Name MARCO REVAH	82 Street Address (P.O. Box Number is Not Acceptable) 1181 South Rogers Circle #13	83	84 City BOCA RATON	85 State FL	86 Zip Code 33487
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11. Pursuant to the provisions of Sections 607.01(2) and 607.15(6), 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 607.01(2), Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D REVAH, MARCO
STREET ADDRESS	C/O POST OFFICE BOX 5082 N/A
CITY - ST - ZIP	FORT LAUDERDALE FL 33310-5082
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 _____

CR2E034 (10/97)