

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000049839 (9)			
1. Corporation Name BIRD CAGE U.S.A. INC.			
Principal Place of Business 14410 SW 197 AVE. MIAMI FL 33196		Mailing Address 14410 SW 197 AVE. MIAMI FL 33196-2222	
2. Principal Place of Business 21 8590 SW 40 St. Suite, Apt. #, etc.		2a. Mailing Address 26 8590 SW 40 St. Suite, Apt. #, etc.	
22 City & State 23 Miami FL		27 City & State 28 Miami FL	
24 33155 25 DADE		29 33155 30 DADE	
9. Name and Address of Current Registered Agent MALLORY, JAY D 14410 SW 197 AVE. MIAMI FL 33196		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0505 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 obligation of, Section 607.0505, Florida Statutes.		3. Date Incorporated or Qualified 06/10/1996	
SIGNATURE: <i>[Signature]</i>		3a. Date of Last Report 06/10/1996	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT		1.1 TITLE	
1.2 NAME IVETTE M. Singer		1.2 NAME	
1.3 STREET ADDRESS 14410 S.W. 197th Ave		1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP MIAMI FL 33155		1.4 CITY- ST- ZIP	
2.1 TITLE Vice-President		2.1 TITLE	
2.2 NAME JAY MALLORY		2.2 NAME	
2.3 STREET ADDRESS 8811 SW 123rd Ave #211		2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP MIAMI FL 33165		2.4 CITY- ST- ZIP	
3.1 TITLE Secretary/Treasurer		3.1 TITLE	
3.2 NAME Ken Singer		3.2 NAME	
3.3 STREET ADDRESS 14410 S.W. 197th Ave		3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP MIAMI FL 33196		3.4 CITY- ST- ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP		4.4 CITY- ST- ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP		5.4 CITY- ST- ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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: <i>[Signature]</i>		3/4/97 225-8484	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



CR2E034 (9/96)