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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 13 1998 8:00am Secretary of State

	MENT # P9600 GROUP USA, INC.	0060138 (0))			
Principal Plac	e of Business	Mailing Address				1881
4360 NORTHLAKE BLVD. STE 205 PALM BEACH GARDENS FL 33410			4360 NORTHLAKE BLVD. STE 205 PALM BEACH GARDENS FL 33410			
PALM DEACE	1 GANDENS PL 33410	PALM BEAUT GARDENS	5 FL 33410		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 07/17/1996 6/277/1	
2. Principal P	lace of Business	2a. Mailing Address			07/17/1996 4. FEI Number Applied Applied	For
21		26			APPLIED FOR Not App	licable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required	
City & Stat	City & State			6. Election Campaign Financing \$5.00 May 8		
23		28			Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid the current year Intancible	le le
24	25 29 9. Name and Address of Current Registered Agent		30			
10//	SHOFSKY, MARTIN E E.A.	ent Hegistereo Agent	81	Name	10, Name and Address of New Registered Agent	
	60 NORTHLAKE BLVD. STE 205	Š	100		deliver (D.O. Donald and J. S. Maria de La Constantina	
	LM BEACH GARDENS FL 3341		62	Street AC	ddress (P.O. Box Number is Not Acceptable)	
			83			
			84	City	85 Zip Code	
dd Directions	to the provisions of Continue CO7.06	00 and 007 15 00 Finish State	dan the obser	1	corporation submits this statement for the purpose of changing its regis	*******************
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat im familiar with, and accept the oblig Signature, lyind or printed name of repetiend a				oration's board of directors. I hereby accept the appointment as registended when reinstating) DATE	ered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PD Francis, David	☐ DELETE	1.1 TITLE		Change L	Addition
STREET ADDRESS 4360 NORTHLAKE BLVD. STE		TE 205	1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP PALM BEACH GARDENS FL						
TITLE			2.1 TALE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	DELETE		2. 4 CITY -	ST-ZIP		A alabira
TITLE NAME	☐ DELETE		3.1 TITLE		☐ Change ☐ A	Addition
STREET ADDRESS	FSS		3.2 NAME	F ADDRESS		
CITY-ST-ZIP			3.4. CITY -			
TITLE	DELETE		4.1 TITLE	2. [☐ Change ☐ A	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	57 - ZIP		
TITLE	DELETE		5.1 TITLE		☐ Change ☐ A	Addition
NAME EXECUT ADDRESS			5.2 NAME	T ADODESS		
STREET ADDRESS CITY-ST-ZWP				ADDRESS		
TITLE	DELETE		5 4 CITY - 5 6 1 TITLE	51-2P	☐ Change ☐ A	Addition
NAME) out		62 NAME	1		
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			6.4 CITY-5			
	partify that the interestion supplied a	with this filing doos not qualify t			(in Section 119.07/3)(i) Florida Statutes, I further certify that the inform	nation

Thereby 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 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.