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FILED  
May 09 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 # P96000063618 (8)

1. Corporation Name  
BISLET USA, INC.



Principal Place of Business  
1761 NW 46 AVE  
D. 103  
LAUDERHILL FL 33313

Mailing Address  
1761 NW 46 AVE  
D. 103  
LAUDERHILL FL 33313-4971

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>07/30/1996  | 3a. Date of Last Report  |
| 4. FEI Number  | <input type="checkbox"/> Applied For<br><input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

9. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS, INC.  
701 BRICKELL AVE  
SUITE 2000  
MIAMI FL 33131

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

10. Name and Address of New Registered Agent

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 WLMC REGISTERED AGENTS, INC. DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
|----------------------------|----------------|---|-----------------|
| TITLE                      | NAME           | 1.1 TITLE   | 1.2 NAME        |
| NAME                       | STREET ADDRESS | 1.3 STREET ADDRESS                                    | 1.4 CITY-ST-ZIP |
| CITY-ST-ZIP                |                | 2.1 TITLE   | 2.2 NAME        |
|                            |                | 2.3 STREET ADDRESS                                    | 2.4 CITY-ST-ZIP |
|                            |                | 3.1 TITLE   | 3.2 NAME        |
|                            |                | 3.3 STREET ADDRESS                                    | 3.4 CITY-ST-ZIP |
|                            |                | 4.1 TITLE   | 4.2 NAME        |
|                            |                | 4.3 STREET ADDRESS                                    | 4.4 CITY-ST-ZIP |
|                            |                | 5.1 TITLE   | 5.2 NAME        |
|                            |                | 5.3 STREET ADDRESS                                    | 5.4 CITY-ST-ZIP |
|                            |                | 6.1 TITLE   | 6.2 NAME        |
|                            |                | 6.3 STREET ADDRESS                                    | 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: [Signature] DATE \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (9/96)

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