

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

FILED

**Mar 25 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 # P96000069920 (2)
1. Corporation Name
P.S.M. (U.S.A.), INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2255 GLADES RD STE 324A BOCA RATON FL 33431 US	Mailing Address 2255 GLADES RD STE 324A BOCA RATON FL 33431 US
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3. Date Incorporated or Qualified
08/22/1996

21. Principal Place of Business 1801 CLINT MOORE RD.	2a. Mailing Address 1801 CLINT MOORE RD.
22. Suite, Apt. #, etc. 201	27. Suite, Apt. #, etc. 201
23. City & State BOCA RATON, FL.	28. City & State BOCA RATON, FL.
24. Zip 33487	25. Country U.S.A.
29. Zip 33487	30. Country U.S.A.

4. FEI Number
65-0689900

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**ABITBOL, ALBERT
2255 GLADES RD
STE 324A
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1801 CLINT MOORE RD. SUITE 201
83	
84 City	BOCA RATON FL
85 Zip Code	33487

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABITOL, ALBERT	
STREET ADDRESS	2233 GLADES RD, STE 324A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ABITOL, DANILE	
STREET ADDRESS	14400 ELLA BLVD APT 241	
CITY-ST-ZIP	HOUSTON TX	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1801 CLINT MOORE RD. SUITE 201
1.4 CITY-ST-ZIP	BOCA RATON, FL. 33487
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ABITBOL, DANIEL
2.3 STREET ADDRESS	10438 LAKE VISTA DRIVE
2.4 CITY-ST-ZIP	BOCA RATON, FL. 33428
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: _____ **03/19/98 561-997-2035**

CR2E034 (10/97)