
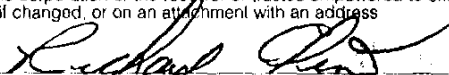


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000076939 (3)</b> 1. Corporation Name <b>COR-LYN (USA) CORP.</b>			
Principal Place of Business <b>7000 WEST PALMETTO PARK ROAD STE 400 BOCA RATON FL 33433</b>		Mailing Address <b>7000 WEST PALMETTO PARK ROAD STE 400 BOCA RATON FL 33433</b>	
2. Principal Place of Business 21 <b>4519 N PINE IS RD</b> Suite, Apt. #, etc. 22 <b>SUNRISE, FL</b> City & State 23 <b>33351-5321</b> <b>BROWARD</b> Zip Country		2a. Mailing Address 26 <b>4519 N PINE IS RD</b> Suite, Apt. #, etc. 27 <b>SUNRISE, FL</b> City & State 28 <b>33351-5321</b> <b>BROWARD</b> Zip Country	
9. Name and Address of Current Registered Agent <b>GARELLEK, STEVEN 7000 WEST PALMETTO PARK ROAD STE 400 BOCA RATON FL 33433</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE <b>PST</b> <input type="checkbox"/> DELETE NAME <b>CHIN, RICHARD</b> STREET ADDRESS <b>4519 N PINE ISLAND RD</b> CITY - ST - ZIP <b>SUNRISE FL</b>		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:  <b>3/26/98</b>			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/16/1996</b>	
4. FEI Number <b>65-0696477</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)