

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091533 (5)
1. Corporation Name
DOOLE USA, INC.



Principal Place of Business
2837 S.W. 27TH AVENUE
SUITE 606
MIAMI FL 33133

Mailing Address
2837 S.W. 27TH AVENUE
SUITE 606
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 999 Ponce de Leon Blvd. Suite, Apt. #, etc. 22 SUITE 601 City & State 23 CORAL GABLES, FL Zip 24 33134 Country 25 USA		2a. Mailing Address 26 999 Ponce de Leon Blvd. Suite, Apt. #, etc. 27 SUITE 601 City & State 28 CORAL GABLES, FL Zip 29 33134 Country 30 USA		3. Date Incorporated or Qualified 11/07/1996	3a. Date of Last Report
				4. FEI Number 65-0718316	Applied For 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AGUILERA, ANTONIO M
2837 S.W. 27TH AVENUE
SUITE 606
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
AGUILERA, ANTONIO M.
82 Street Address (P.O. Box Number is Not Acceptable)
999 Ponce de Leon Blvd.
83 SUITE 601
84 City
CORAL GABLES FL
85 Zip Code
33134

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 607.0503, Florida Statutes.

SIGNATURE ANTONIO M. AGUILERA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)
DATE 09/05/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME STEWART, FIONA M. H. STREET ADDRESS 2837 S.W. 27TH AVENUE, #306 CITY-ST-ZIP MIAMI FL 33133	<input type="checkbox"/> DELETE	1.1 TITLE P/D 1.2 NAME STEWART, FIONA M. H. 1.3 STREET ADDRESS 999 Ponce de Leon Blvd. Suite 601 1.4 CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE V.P./D/TREAS. 2.2 NAME AMUNDSEN, RICHARD G. 2.3 STREET ADDRESS 999 Ponce de Leon Boulevard, 601 2.4 CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE V.P./SEC. 3.2 NAME AGUILERA, ANTONIO M. 3.3 STREET ADDRESS 999 Ponce de Leon Blvd. Suite 601 3.4 CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
11 P
09/05/97 (201) 445-2889

CR2E034 (4/97)