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

PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE: ,/



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700054359 (9)

BUSINESS ACQUISITION USA, INC.

Principal Place of Business Mailing Address

\$601 PELICAN BAY BLVD \$601 PELICAN BAY BLVD SUITE 103

NAPLES FL 34108 NAPLES FL 34108

FILED Mar 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

-2/18/98-941 4346200

				06/19/1997		
2. Principal Pl	ace of Business	2a. Mailing Address	1	4. FEI Number	Applied For	
21 800.	Seagale Dr.		ue br		Not Applicable	
	te 301	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	<u> </u>	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the c		
24 34/B		29 3410 5 30	Collier		Yes No	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 61 Name and Address of New Registered Agent						
PILMGS, INC.			or Name	ANTONIO FAGA	_	
			82 Street			
FT. LAUDERDALE FL 33311-4132			83	83 375 /2 th AVL SOUTH		
	·		84 City	NAPLEL		
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. I am familiar you got the obligation of Section 607.0505, Florida Statutes.						
SIGNATURE Signature, World of profited name of Riginitarity applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition €	
name (HECHT, ROGER		1.2 NAME		[2]	
STREET ADDRESS	5801 PELICAN BAY BLVD, STE	103	1.3 STREET ADORESS		}	
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		[_] DELETE	2.4 CITY-ST-ZIP		Change Addition	
TITLE		C- DECEIE	3.1 TITLE		CU CUSUĞE CU MODIBLOR	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZWP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME			4.2 NAME		Carried Carried	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		i	4.4 CITY-ST-ZIP		}	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS		·	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP		[
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS		Ì	
CITY - ST - ZIP			6.4 CITY - ST-ZIP			
14. I hereby c	ertify that the information supplied with	n this filing does not qualify for the	ne exemption state	d 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 attackmool with an address.						