

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90015 037 ***550.00

DOCUMENT # P97000057476

1. Corporation Name
BFT USA, INC.

Principal Place of Business

420 LINCOLN ROAD
SUITE 507
MIAMI BEACH FL 33139

Mailing Address

420 LINCOLN ROAD
SUITE 507
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

65-0766747

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 353 W 47th Street
Suite, Apt. #, etc.

2a. Mailing Address

27 353 W 47th Street
Suite, Apt. #, etc.

22 # 7H
City & State

27 # 7H
City & State

23 MIAMI BEACH FL

28 MIAMI BEACH FL

24 33140 Country

29 33140 Country

25 FL

30 FL

9. Name and Address of Current Registered Agent

ZINO, HAIM
2555 COLLINS AVENUE #2214
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name ZINO HAIM
82 Street Address (P.O. Box Number is Not Acceptable)
353 W 47th Street # 7-H
83 MIAMI BEACH
84 City MIAMI BEACH FL 85 Zip Code 33140

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME ZINO, HAIM
STREET ADDRESS 2555 COLLINS AVE SUITE 2214
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME ZINO HAIM
1.3 STREET ADDRESS 353 W 47th Street
1.4 CITY-ST-ZIP MIAMI BEACH FL 33140

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRASIDANT

Date

Daytime Phone #

305-538 9966
305-573-4443

CR2E034 (11/98)