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

**FILED PROFIT** Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000063306 (9) DOCUMENT # MEURENS U.S.A., INC. Principal Place of Business Mailing Address 10066 N.W. 16TH STREET 10066 N.W. 16TH STREET **CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1997 4. FEI Number 65-077/34 Applied For Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes □ No 29 Personal Property Tax due June 30. 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KERZNER, EDWARD 10066 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 A4 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Standard typed or printed many of real-bend against and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change 1.1 TITLE TITLE KERZNER, EDWARD 1.2 NAME NAME 10066 N.W. 16TH STREET STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition THILE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/P 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME

14. Thereby 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 suppliemental 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 change

5.3 STREET ADDRESS

54 CITY-ST-ZIP

64 CITY-ST-ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

DELETE

Addition