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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90149 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000101591

1. Corporation Name
ULTRA SOCKS USA, INC.

Principal Place of Business Mailing Address
 1840 W. 49TH STREET SUITE 603-5 1840 W. 49TH STREET SUITE 603-5
 HIALEAH FL 33012 HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1997

4. FEI Number
APPLIED FOR

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 2a. Mailing Address
 21 **9000 W. Sheridan St.** 26 **Same as No. 2**

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **112** 27 **Same as No. 2**

City & State City & State
 23 **Pembroke Pines, FL** 28 **Same as No. 2**

Zip Country Zip Country
 24 **33024** 25 **USA** 29 **Same #2** 30 **USA**

9. Name and Address of Current Registered Agent

HART, DAVID J
100 N. BISCAYNE BLVD. SUITE 2600
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **D ASCANIO, RODOLFO**
 STREET ADDRESS **EDIF.IND.LOS CERRITOS 4, CALLE VAQUIRO URB**
 CITY-ST-ZIP **EL TAMBOR, LOS TEQUES, VENZ.**

TITLE DELETE
 NAME **D ASCANIO, ALFREDO**
 STREET ADDRESS **EDIF.IND.LOS CERRITOS 4, CALLE VAQUIRO URB**
 CITY-ST-ZIP **EL TAMBOR, LOS TEQUES, VENZ.**

TITLE DELETE
 NAME **D ASCANIO, GLADYS**
 STREET ADDRESS **EDIF.IND.LOS CERRITOS 4, CALLE VAQUIRO URB**
 CITY-ST-ZIP **EL TAMBOR, LOS TEQUES, VENZ.**

TITLE DELETE
 NAME **D DIENEMANN, GEORGE**
 STREET ADDRESS **AV. FRANCISCO DE MIRANDA EDIF EASO PISO 9**
 CITY-ST-ZIP **CHACAITO, VENEZUELA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME **President**
 4.3 STREET ADDRESS **9000 W. Sheridan Street, #112**
 4.4 CITY-ST-ZIP **Pembroke Pines, FL 33024**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 04/07/99 (954) 435-5959
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (1/98)