

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

DOCUMENT # P98000047633

1. Corporation Name
NALSANI (U.S.A.) INC.

Principal Place of Business: C/O JACK D. FINKELMAN, PACKMAN ET AL
 1500 SAN REMO AVE. SUITE 125
 CORAL GABLES FL 33146

Mailing Address: C/O JACK D. FINKELMAN, PACKMAN ET AL
 1500 SAN REMO AVE. SUITE 125
 CORAL GABLES FL 33146

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 23 City & State
 25 Zip Country

2a. Mailing Address
 26 Y. Lerman & Lerman
 Suite, Apt. #, etc.
 27 48 E. Flagler Pent 101
 City & State
 28 Miami FL
 Zip Country
 29 33131 30

9. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE, SUITE 125
 CORAL GABLES FL 33146

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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
 Signature, typed or printed name of registered agent and board approval

12. OFFICERS AND DIRECTORS

TITLE	PSTD	[] DELETE
NAME	BURSZTYN, YONATAN	
STREET ADDRESS	1500 SAN REMO AVE, SUITE 125	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

00000029120000-03
 03/24/99-01071-002
 ****150.00 ****150.00

FILED

99 MAR 17 PM 1:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
05/28/1998

4. FID Number
65-0851581 Applied For Not Applicable

5. Certificate of Status Debated [] **\$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 [X] No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

YONATAN BURSZTYN 3/17/99

CR2E034 (11/98)