


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S33454 (7)		
1. Corporation Name G.C.(U.S.A.), INC.		



Principal Place of Business CHARLES POULIOT 2243 VAN BUREN STREET, APT. 3 HOLLYWOOD FL 33020	Mailing Address CHARLES POULIOT 2243 VAN BUREN STREET, APT. 3 HOLLYWOOD FL 33020-4940
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3. Date Incorporated or Qualified 02/22/1991	3a. Date of Last Report 04/12/1996
4. FEI Number 65-0246130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Co.

9. Name and Address of Current Registered Agent POULIOT, CHARLES 504 N. STATE ROAD 7 HOLLYWOOD FL 33021	10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 _____	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	D		
	DROUIN, GAETAN		
STREET ADDRESS	1510 DEWEY ST	STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
	D		
	POULIOT, CHARLES		
STREET ADDRESS	2243 VAN BUREN APT 3	STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

14. I do 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 correct 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 file 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.

SIGNATURE: *Charles Pouliot*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone # **4-25-97-961-7749**
0127803