

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 AM 10:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S42911 (5)
1. Corporation Name
BOVIN U.S.A., INC.

Principal Place of Business Mailing Address
848 KENNEDY BLVD. PINTENDRE, QUEBEC G6C1A4 CA **848 KENNEDY BLVD. PINTENDRE, QUEBEC G6C1A4 CA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/04/1991** 3a. Date of Last Report **02/25/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **NOT APPLICABLE** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LARRY J. BEHAR, P.A.
888 SE 3 AVE
SUITE 400
FT LAUDERDALE FL 33316**

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 _____ (Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BEHAR, LARRY J.
STREET ADDRESS	888 SE 3 AVE #400
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	P
NAME	BOVIN, ROBERT
STREET ADDRESS	848 KENNEDY BLVD.
CITY - ST - ZIP	PINTENDRE, QUEBEC
TITLE	S
NAME	GRONDIN-BOVIN, GHISLAINE
STREET ADDRESS	848 KENNEDY BLVD.
CITY - ST - ZIP	PINTENDRE, QUEBEC
TITLE	D
NAME	BOVIN, JOHANNE
STREET ADDRESS	848 KENNEDY BLVD.
CITY - ST - ZIP	PINTENDRE, QUEBEC
TITLE	D
NAME	BOVIN, CAROLE
STREET ADDRESS	848 KENNEDY BLVD.
CITY - ST - ZIP	PINTENDRE, QUEBEC
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 amended), or on an attachment with an address.

SIGNATURE: *[Signature]* **April 3rd 1995** (418) 837-4295