

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S42911 (5)**

1. Corporation Name  
**BOVIN U.S.A., INC.**



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

3. Date Incorporated or Qualified: **04/04/1991**      3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEHAR, LARRY J.</b>	1.2 NAME	
STREET ADDRESS	<b>888 SE 3 AVE #400</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOVIN, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>848 KENNEDY BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINTENDRE, QUEBEC</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRONDIN-BOVIN, GHISLAINE</b>	3.2 NAME	
STREET ADDRESS	<b>848 KENNEDY BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINTENDRE, QUEBEC</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOVIN, JOHANNE</b>	4.2 NAME	
STREET ADDRESS	<b>848 KENNEDY BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINTENDRE, QUEBEC</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOVIN, CAROLE</b>	5.2 NAME	
STREET ADDRESS	<b>848 KENNEDY BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINTENDRE, QUEBEC</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Johanne Bovin*      April 28 1996      (418) 837-4295

Date

Daytime Phone #

CR2E034 (12/95)