

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S47779 (1)
 1. Corporation Name
CIPROX (USA), INC.



Principal Place of Business 169 E FLAGLER STE 1600 MIAMI FL 33131 US	Mailing Address 169 E FLAGLER STE 1600 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/25/1991	
4. FEI Number 65-0265980	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
111 SW 3 ST
6TH FL
MIAMI FL 33130

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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	V	
NAME	LINDENFELD, CARLOS	
STREET ADDRESS	169 E FLAGLER, STE 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	
NAME	LINDENFELD, DANYA	
STREET ADDRESS	169 E FLAGLER, STE 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	
NAME	BENHARON, URI	
STREET ADDRESS	169 E FLAGLER, STE 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	
NAME	LINDENFELD, JUDITH	
STREET ADDRESS	169 E FLAGLER ST 1620	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	
NAME	LINDENFELD, ELSA	
STREET ADDRESS	169 E FLAGLER, STE 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Carla Lindenfeld* Pres 1-27/98

CR2E034 (10/97)