
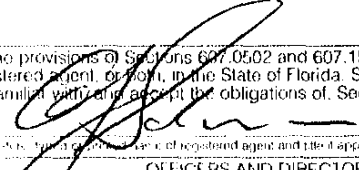
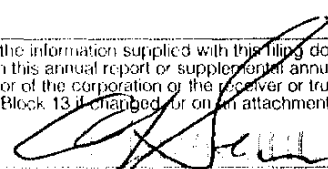


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V00778 (3) 1. Corporation Name SOLOMON USA, INC.			
Principal Place of Business 277 N COLLIER BLVD MARCO ISLAND FL 33937		Mailing Address 277 N COLLIER BLVD MARCO ISLAND FL 34145-3033	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 12/17/1991		3a. Date of Last Report 05/01/1996	
4. FEI Number 74-2086540		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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent REINDERS, JAMES M 277 N COLLIER BLVD MARCO ISLAND FL 33937		10. Name and Address of New Registered Agent 81 Name A. Jack Solomon 82 Street Address (P.O. Box Number is Not Acceptable) 277 N. Collier Blvd. 83 84 City Marco Island, FL 85 Zip Code 34145	
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  A. Jack Solomon 4-2-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME PD SOLOMAN, A. JACK STREET ADDRESS 277 N. COLLIER BLVD. CITY-ST-ZIP MARCO ISLAND FL 33937 TITLE <input type="checkbox"/> DELETE NAME STVD SHEIKH, SHEERIN STREET ADDRESS 5255 YONGE ST, STE 1100 CITY-ST-ZIP WILLOWDALE, ONTARIO CANADA TITLE <input type="checkbox"/> DELETE NAME VASD SOLOMON, CARY STREET ADDRESS 5255 YONGE ST., SUITE 1100 CITY-ST-ZIP WILLOWDALE, ONTARIO, CANADA TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME SOLOMON, A. Jack 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 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:  A. Jack Solomon		4-2-97 (941) 394-5197	



CR2E034 (9/96)