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 # V01958 (0)

1. Corporation Name

ESA HOLDINGS (USA), INC.

Principal Place of Business	Mailing Address
2020 N.E. 163RD ST. STE 300 N. MIAMI BCH. FL 33162	2020 N.E. 163RD ST. STE 300 N. MIAMI BCH. FL 33162

3. Date Incorporated or Qualified: 12/23/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 16459 NE 6th Avenue
Suite, Apt #, etc. 22
City & State 23 N. Miami Beach, FL
Zip 24 33162 Country 25 US

2a. Mailing Address: 26 16459 NE 6th Avenue
Suite, Apt #, etc. 27
City & State 28 N. Miami Beach, FL
Zip 29 33162 Country 30 US

4. FEI Number: 65-0308223 ☐ 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

ROTH, MITCHEL W.
2020 N.E. 163RD ST.
STE 300
N. MIAMI BCH. FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 16459 NE 6th Avenue
83
84 City N. Miami Beach **FL** 85 Zip Code 33162

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] DATE 2/22/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ALEXANDER, JAMES	
STREET ADDRESS	5601 PARE, #250	
CITY-ST-ZIP	MONTREAL P.	
TITLE	DT	☐ DELETE
NAME	ALEXANDER, ROBIN	
STREET ADDRESS	5601 PARE, #250	
CITY-ST-ZIP	MONTREAL P.	
TITLE	DS	☐ DELETE
NAME	ALEXANDER, GARY	
STREET ADDRESS	5601 PARE, #250	
CITY-ST-ZIP	MONTREAL PQ	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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] MARCH 31, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)