

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

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**95 APR 17 PM 3:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # V12060 (2)**  
1. Corporation Name  
**MAJOR CORMIER & ASSOCIATES (USA), INC.**

Principal Place of Business      Mailing Address  
**521 S ANDREWS AVE  
SUITE 6  
FT LAUDERDALE FL 33301-2831  
US**      **521 S ANDREWS AVE  
SUITE 6  
FT LAUDERDALE FL 33301-2831  
US**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/04/1992**      **05/01/1994**

4. FEI Number      Applied For  
**65-0307039**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional  
Fee Required

6. Election Campaign Financing       \$5.00 May Be  
Trust Fund Contribution      Added to Fees

6. This corporation has equity for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**CORMIER, LOUISE  
5619 HAMMOCK LANE  
LAUDERHILL FL 33319**

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 \_\_\_\_\_ (Type or print name of registered agent and title if applicable)      (Type or print name of registered agent and title if applicable)      (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORMIER, LOUISE	1.2 NAME	
STREET ADDRESS	5619 HAMMOCK LANE	1.3 STREET ADDRESS	
CITY ST ZIP	LAUDERHILL FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJOR, DANIEL	2.2 NAME	
STREET ADDRESS	5619 HAMMOCK LANE	2.3 STREET ADDRESS	
CITY ST ZIP	LAUDERHILL FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		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 110.07(3)(b), 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 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DANIEL MAJOR**

**75/02/31**      **800-242-6229**  
(Date)      (Telephone Area #)