

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V41202** (5)

1. Corporation Name

**CORNERSTONE HOLDINGS U.S.A., INC.**



Principal Place of Business

Mailing Address

3300 NORTH PORT ROYAL DRIVE  
SUITE 202  
FT. LAUDERDALE FL 33308  
US

PO BOX 50445  
LIGHTHOUSE POINT FL 33074-0445  
US

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/04/1992</b>   | 3a. Date of Last Report<br><b>10/05/1995</b>           |
| 4. FEI Number<br><b>65-0343557</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> 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 |  |

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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

Signature typed or printed in name of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                       |                                 |
|----------------------------|---------------------------------------|---------------------------------|
| TITLE                      | <b>DPST</b>                           | <input type="checkbox"/> DELETE |
| NAME                       | <b>SAAD, SAM</b>                      |                                 |
| STREET ADDRESS             | <b>3300 N PORT ROYAL DR SUITE 202</b> |                                 |
| CITY - ST - ZIP            | <b>FT LAUDERDALE FL</b>               |                                 |
| TITLE                      |                                       | <input type="checkbox"/> DELETE |
| NAME                       |                                       |                                 |
| STREET ADDRESS             |                                       |                                 |
| CITY - ST - ZIP            |                                       |                                 |
| TITLE                      |                                       | <input type="checkbox"/> DELETE |
| NAME                       |                                       |                                 |
| STREET ADDRESS             |                                       |                                 |
| CITY - ST - ZIP            |                                       |                                 |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*SAM SAAD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

ISSUING OFFICE

CR2E034 (3/96)