


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90078 012 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # V46434</b>			
1. Corporation Name <b>INEV-USA, INC.</b>			
Principal Place of Business <b>175 TONEY PENNA DRIVE SUITE 207 JUPITER FL 33458</b>		Mailing Address <b>175 TONEY PENNA DRIVE SUITE 207 JUPITER FL 33458</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent <b>KULATZ, CONRAD S. &amp; ASSOCIATES, P.A. 633 SOUTHEAST THIRD AVENUE SUITE 4R FORT LAUDERDALE FL 33301</b>		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 607.0501 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 signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PD NEVSIMAL, INGEBORG</b>		1.2 NAME	
STREET ADDRESS <b>175 TONEY PENNA DR., SUITE 207</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER FL 33458</b>		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>VD SIEGL, PETRA NEVSIMAL</b>		2.2 NAME	
STREET ADDRESS <b>175 TONEY PENNA DR., SUITE 207</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER FL 33458</b>		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>SD NEVSIMAL, GUSTAV</b>		3.2 NAME	
STREET ADDRESS <b>175 TONEY PENNA DR., SUITE 207</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER FL 33458</b>		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>TD NEVSIMAL, NADJA</b>		4.2 NAME	
STREET ADDRESS <b>175 TONEY PENNA DR., SUITE 207</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER FL</b>		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		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 <input type="checkbox"/> DELETE		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/23/99 (61) 743-9424

CR2E034 (11/98)

0351330