

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:11

DOCUMENT # V56111 (0)

1. Corporation Name
EIKON AMERICA, INC.

Principal Place of Business	Mailing Address
1221 BRICKELL AVENUE STE 1040 MIAMI FL 33131 US	1221 BRICKELL AVENUE STE 1040 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/07/1992	3a. Date of Last Report 08/02/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0359434	Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	28	
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMARAL, BRANCA
1221 BRICKELL AVE.
STE 1040
MIAMI FL 33131**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE: **4/10/95**

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	GREVE, SERGIO VEIRA	1.2 NAME	
STREET ADDRESS	R ALMIRANTE PEREIRA GUIM	1.3 STREET ADDRESS	
CITY ST ZIP	SAN PAULO, BRAZIL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS, LUIZ	2.2 NAME	
STREET ADDRESS	R ALMIRANTE PEREIRA GUIM	2.3 STREET ADDRESS	
CITY ST ZIP	SAN PAULO, BRAZIL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, SERGIO F S	3.2 NAME	
STREET ADDRESS	R ALMIRANTE PEREIRA GUIM	3.3 STREET ADDRESS	
CITY ST ZIP	SAN PAULO, BRAZIL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILHO, ARSENI0 G	4.2 NAME	
STREET ADDRESS	R ALMIRANTE PEREIRA GUIM	4.3 STREET ADDRESS	
CITY ST ZIP	SAN PAULO, BRAZIL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVAO, EDSON RIBEIRO	5.2 NAME	
STREET ADDRESS	R ALMIRANTE PEREIRA GUIM	5.3 STREET ADDRESS	
CITY ST ZIP	SAN PAULO, BRAZIL	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 119.07(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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/10/95**

(Signature Printed)