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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V66130

(8)

BACCINO (USA) CORPORATION

Principal Place 2185 JUANA RI BOCA RATON	D	5	2185	Mailing Address 2185 JUANA RD BOCA RATON FL 33486-6672								
								7.	Incorporated or Qualifie		ate of Last f	Report
2. Principal Pl	lace of Busir	ess	⊢ ¬	2a. Mailing Address 26					Number 5-0386727		<u> </u>	applied For lot Applicable
Suite, Apt. (#, etc		S	Suite, Apt. #, etc.					ificate of Status Desired		\$8.75	Additional Required
City & State	()			City & State				I "	ction Campaign Financin	g 🖂		May Be
23 Zip 24		Country 25		?ip	30	ountry		B. This	corporation has liability	for intangible		
241	9 Name	and Address of		red Agent	1001	Т			ne and Address of New	Registered	Agent	
IA/AI	LTZER, CR			7		81	Name					
2080	01 BISCAY					82	Street	Address (P.O. E	lox Number is Not Accep	otable)		******
	: 424 Intura fl	. 33180				83						
						84	City			FL	85 Zip	Code
office or re agent. I ar SIGNATURE	egistered aç m familiar w	anat or both in th	e State of Florida e obligations of, l	Such change was Section 607.0505, I	s authoriz Florida Si	ed by tatutes	the corps.	corporation sub- poration's board	omits this statement for the of directors. I hereby actions	ne purpose o ccept the ap	of changing pointment a	its registered s registered
12.	Signature Types		RS AND DIRECT			3.	an bignature		ITIONS/CHANGES TO O		JD DIRECTO	ORS IN 12
TITLE	Р	OTTOL	TIO THE DITLET	DELETE		TITLE		1			Change	
NAME	YU, LUC	ei A				NAME		ļ				
STREET ADDRESS	2185 JU						ADDRESS					
CHTY-ST-ZIF		ATON FL				CITY-S		:				
TILE			···	DELETE		TITLE					☐ Change	Addition
NAME					2.2	NAME						
STREET ATIORESS					2.3	STREET	ADDRESS			·		
CHY-SI-ZIP					2	4 CITY-S	ST-ZIP	1				
TILLÉ	· · · · · · · · · · · · · · · · · · ·			☐ DELETE	3.1	TITLE				•	Change	Addition
NAME					3.2	NAME						
STREET ADDRESS					3.3	STREET	ADDRESS					
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TITLE				DELETE	4.1	TITLE					Change	Addition
NAME					4.	2 NAME						
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City - ST - ZIP					4.4	CITY-S	ST - ZIP	ļ				
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NAMí					5.2	NAME						
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CITY-\$T-7IP					5.4	CITY-S	T-ZIP	<u> </u>				
TITLE				☐ DELETE	6.1	1 TITLE					Change	Addition
NAME					6.2	2 NAME						
STREET ADORESS					6.3	STREET	ADDRESS					

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CHEET

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate application may 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.

FILED

Apr 04 1997 8:00am

Secretary of State