

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V32074** (9)

1. Corporation Name

BAKER NORTON U.S., INC.



Principal Place of Business

Mailing Address

8800 N.W. 36 ST
MIAMI FL 33178

8800 N.W. 36 ST
MIAMI FL 33178

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

04/28/1992

3a. Date of Last Report

01/24/1995

4. FEI Number

65-0393912

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

RICHARD C. PFENNIGER, JR.
8800 NW 36TH STREET
150 WEST FLAGLER ST.
MIAMI FL 33178

81 Name **Armando A. Tabernilla**

82 Street Address (P.O. Box Number is Not Acceptable)

8800 N.W. 36th Street

83

84 City **Miami**

FL

85

33178

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 conditions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Armando A. Tabernilla

1/19/96

Signature, by the principal officer or registered agent and then if applicable

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PFENNIGER, RICHARD C.	
STREET ADDRESS	8800 N.W. 36 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TABERNILLA, ARMANDO A.	
STREET ADDRESS	8800 N.W. 36TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZINZI, ANDREW	
STREET ADDRESS	8800 NW 36TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RUBIN, DORA B.	
STREET ADDRESS	8800 NW 36TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AS Rubin, Dora
4.3 STREET ADDRESS	8800 NW 36 Street
4.4 CITY - ST - ZIP	Miami, FL 33178
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AT Siegel, Jordan
5.3 STREET ADDRESS	8800 N.W. 36 Street
5.4 CITY - ST - ZIP	Miami, FL 33178
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)(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 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

305-590-2200

Daytime Phone #

CR2E034 (12/95)