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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000004283 (6)

US SHOPPING, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address 9745 SUNSET DR 9745 SUNSET DR SUTIE 201 MIAMI FL 33166 SUITE 201 MIAMI FL 33173-649 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified HS 01/20/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 21 65-0380961 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FERNANDEZ, JAIME 9745 SUNSET DRIVE SUITE 201 82 Street Address (P.O. Box Number is Not Acceptable) 9TH FLOOR 83 MIAMI FL 33173-4649 City 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 11 TITLE UMBUZEIRO FILHO, BAYARD FREITAS 1 2 NAME NAME 9745 SUNSET DR SUITE 201 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE UMBUZEIRO, BAYARD F FILHO 2.2 NAME NAME 9745 SUNSET DR SUITE 201 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 49 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 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 of the corporation of the corporation of the receiver of the corporation of the cor Bayand Freitas Umbuzeiro 3/18/98 (305) 279-14/1 SIGNATURE:

6.4 CITY-ST-ZIP

FILED

Mar 24 1998 8:00am

Secretary of State