FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

3-20

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 24 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
USA COMPUTER SOLUTIONS, INC.

DOCUMENT # P93000064395 (5)

400001442894
-03/29/95--01077--002
****375.00 ****375.00
DO NOT WRITE IN THIS SPACE

Mailing Address
~~% 700 SE THIRD AVE~~
~~SUITE 300~~
~~FT LAUDERDALE FL 33316~~

Principal Place of Business
~~% 700 SE THIRD AVE~~
~~SUITE 300~~
~~FT LAUDERDALE FL 33316~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 09/15/1993
3a. Date of Last Report:

2. Mailing Address
21 345 East Commercial Blvd.
22 Suite, Apt. #, etc.
23 City & State: Fort Lauderdale, FL 33334
24 Zip
25 Country

2a. Principal Place of Business
26 345 East Commercial Blvd.
27 Suite, Apt. #, etc.
28 City & State: Fort Lauderdale, FL 33334
29 Zip
30 Country

4. FEI Number: ~~65-0443677~~ 65-0496788 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

~~BEILLY ROXANNE~~
~~700 SE THIRD AVE~~
~~SUITE 300~~
~~FT LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

81 Name: Mark Livingway
82 Street Address (P.O. Box Number is Not Acceptable): 345 East Commercial Blvd.
83
84 City: Fort Lauderdale FL 85 Zip Code: 33334

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Mark Livingway (Registered Agent Accepting Appointment) NOTE: Registered Agent's signature required when new agent is designated
DATE: 2/7/95

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	~~LIVINGWAY MARK A~~
13 STREET ADDRESS	~~% 700 SE THIRD AVE SUITE 300~~
14 CITY ST ZIP	~~FT LAUDERDALE FL 33316~~
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P
12 NAME	Livingway Martha L
13 STREET ADDRESS	345 East Commercial Blvd.
14 CITY ST ZIP	~~Fort Lauderdale, FL 33334~~
21 TITLE	T/S
22 NAME	Livingway Mark A
23 STREET ADDRESS	345 East Commercial Blvd.
24 CITY ST ZIP	~~Fort Lauderdale, FL 33334~~
31 TITLE	400001442894
32 NAME	-03/29/95--01077--003
33 STREET ADDRESS	****200.00 ****200.00
34 CITY ST ZIP	
41 TITLE	REINSTATEMENT 94-95 CM
42 NAME	Eds
43 STREET ADDRESS	400001442894
44 CITY ST ZIP	-03/29/95--01077--004
51 TITLE	******8.75 ******8.75
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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)(k), Florida Statutes. I request the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Livingway — 2/7/95 — Corp Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title (if any)