SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $220 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: $275

CORPORATION ANNUAL REPORT

1995 Amended Annual Report

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

APPROVED AND FILED

95 MAY -2 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064395 (5)

1. Corporation Name

U.S.A. COMPUTER SOLUTIONS, INC.

100001472871
-05/03/95--01051--019
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Mailing Address / Principal Place of Business

345 EAST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33334

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

2. Mailing Address 21	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

3. Date Incorporated or Qualified: 09/15/1993
3a. Date of Last Report: 2/7/95
4. FEI Number: 65-0498988 ☐ 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 with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Mark Livingway
345 East Commercial Blvd.
Fort Lauderdale, FL 33334

10. Name and Address of New Registered Agent

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

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 4-20-95
(Signature, typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: ~~T/S~~	T
12 NAME: MARK LIVINGWAY	MARK LIVINGWAY
13 STREET ADDRESS: 345 EAST COMMERCIAL BLVD.	345 EAST COMMERCIAL BLVD.
14 CITY ST ZIP: FORT LAUDERDALE, FL 33334	FORT LAUDERDALE, FL 33334
21 TITLE: ~~P~~	S
22 NAME: MARTHA LIVINGWAY	MARTHA LIVINGWAY
23 STREET ADDRESS: 345 EAST COMMERCIAL BLVD.	345 COMMERCIAL BLVD.
24 CITY ST ZIP: FORT LAUDERDALE, FL 33334	~~FORT LAUDERDALE, FL 33334~~
31 TITLE	P
32 NAME	MARKOS ZAMORA
33 STREET ADDRESS	803 WEST OAKLAND PARK BLVD.
34 CITY ST ZIP	OAKLAND PARK, FL 33311
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	

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)(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 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 Treas. 4/20/95 305-351-6909
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WITH AUTHORITY TO SIGN ON BEHALF OF CORPORATION — TITLE — DATE — DAYTIME PHONE NUMBER

MARK LIVINGWAY AS Per Con w/Mark Livingway 5-1-95