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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business ___

P95000016864

A & B U.S.A., INC.

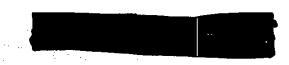
Mailing Address

14831 SW 45TH LANE

· 医环络髓等 数约束 14831 SW 45TH LANE ELADTOA 2210E

May 12, 1999 8:00 am Secretary of State

05-12-1999 90005 042 ***150.00



MIAMI FLUKIVA 33185	MIAMI, FLUKIVA 33.	167	DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed			
•	4		02/27/1995			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26	· • • • • • • • • • • • • • • • • • • •	65-0561030	Not Applicable		
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z ₁ p Country 25	Zip Co 29 30	untry	This corporation owes the current year in Personal Property Tax.	tangible Ses □No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent .		
		81 Name				
VARGAS, FERNANDO		82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)			
14831 SW 45TH LANE		83				

33185 MI AMI FL

Zip Code 85

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		F		0.75		i			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS A					
TITLE	ν	C DELETE	1.1 TITLE		☐ Change	Addition			
HAME	VARGAS, FERNANDO		1.2 NAME						
STREET ADDRESS	14858 SW 42nd LANE		1.3 STREET ADDRESS			-			
CIT (+ \$1 - ZIP	MIAMI FL 33185	<u> </u>	1.4 CITY+ST-ZIP	·					
TITLE	D	□ DELETE	2.1 TITLE		Change	[_] Addition			
: JAJAE	VARGAS, ENRIQUE E.		2.2 NAME						
STREET ADDRESS	14858 SW 42ND LANE		2.3 STREET ADDRESS						
OITY-ST-ZIP	MIAMI FL 33185		2. 4 CITY-ST-ZIP			,			
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition			
IVANE	VARGAS, JOSE G		3.2 NAME						
STREET ADDRESS	14858 SW 41ST LANE		3.3 STREET ADDRESS						
CITH-ST-ZIF	MT AM7 FL 33185		3.4. CITY-ST-ZIP						
DITLE	I'll Alvi I	☐ DELETE	4.1 TITLE		Change	. Addition			
TUANE		. 1	4. 2 NAME						
STREET ADDRESS	i .		4.3 STREET ADDRESS						
CITY-ST-ZIP	<u>े लड़</u>	-	4.4 CITY ST ZIP						
TITLE .	二重新 员	☐ DELETE	5.1 TITLE		Change	☐ Addition }			
HAME	56.3		5.2 NAME 11						
STREET ADORESS	•		5.3 STREET ADORESS						
CIT r+ST-ZIP			5.4 CITY-ST-ZIP						
11768		☐ DELETE	6.1 TITLE		Change	Addition			
NAME .			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS			ĺ			
CITY-ST-ZIP			8.4 CITY-ST-ZIP						

I nereby certify that the information supplied with this filling 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 empayered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

~-SIGNATURE