

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000072848 (1)**

1. Corporation Name

**USA SUN CARE, INC.**



Principal Place of Business

Mailing Address

**4401 PONCE DE LEON BLVD.  
CORAL GABLES FL 33146**

**4401 PONCE DE LEON BLVD.  
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified <b>09/20/1995</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**TERPENING, ROBERT J  
4401 PONCE DE LEON BLVD.  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box)	<b>PONCE DE LEON BLVD -05/28/96--01025--007 ***200.00</b>
83	
84 City	<b>FL</b>
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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>PDC DALMAU, JORDI</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>4401 PONCE DE LEON BLVD</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>CORAL GABLES, FLORIDA 33146</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>VD DALMAU, AURORA G.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>4401 PONCE DE LEON BLVD.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>CORAL GABLES, FLORIDA 33146</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>VT DALMAU, JORGE A.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>4401 PONCE DE LEON BLVD</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>V JAVIER DALMAU</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>4401 PONCE DE LEON BLVD</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VS TERPENING, ROBERT J.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>4401 PONCE DE LEON BLVD</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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:

*Robert Terpening, Sect.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/96*  
Date

*305-446-5666*  
Telephone #

*257 5/1/96*

CR2E034 (12/95)