

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90132 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000080741

1. Corporation Name
3 US INC.



Principal Place of Business 19380 COLLINS AVENUE #1616B NORTH MIAMI BEACH FL 33160	Mailing Address 19380 COLLINS AVENUE #1616B NORTH MIAMI BEACH FL 33160
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10270 E Bay Harbor Dr Suite, Apt. #, etc. 22 # 4 G City & State 23 Bay Harbor Island, FL Zip 24 33154 Country 25 USA		2a. Mailing Address 26 10270 E. Bay Harbor Dr Suite, Apt. #, etc. 27 # 4 G City & State 28 Bay Harbor Island, FL Zip 29 33154 Country 30 USA		3. Date Incorporated or Qualified 09/17/1997	4. FEI Number 65-0781454	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees		
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

9. Name and Address of Current Registered Agent

VIANNA, MARGARETH G
 19380 COLLINS AVENUE #1616B
 NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name **Margareth G Vianna**
 82 Street Address (P.O. Box Number is Not Acceptable)
10270 E Bay Harbor Dr # 4 G
 83 **B**
 84 City **Bay Harbor Island** FL 85 Zip Code **33154**

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: Margareth G Vianna DATE: 04-26-99

Signature, typed or printed name of registered agent, and title if applicable. (NO) E: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	VIANNA, MARGARETH G
STREET ADDRESS	19380 COLLINS AVENUE #1616B
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10270 E Bay Harbor Dr # 4 G
1.4 CITY-ST-ZIP	Bay Harbor Island, FL 33154
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margareth G Vianna DATE: 04-26-99 (305) 866-9662

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/98)