

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 # VO1438 (3)
Corporation Name
OFFICE USA CORP.



Principal Place of Business: **815 N.W. 57TH AVENUE, SUITE 484 MIAMI FL 33126**
Mailing Address: **815 N.W. 57TH AVENUE, SUITE 484 MIAMI FL 33126**

3. Date Incorporated or Qualified: **12/19/1991**
3a. Date of Last Report: **09/18/1995**
4. FEI Number: **65-0307595**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

3. Name and Address of Current Registered Agent
**BESU, ROGER
815 NW 57 AVE
SUITE 484
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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, 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, if applicable,

NOTE: Registered Agent signature required when reinstating.

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	LEYVA, GIRALDO	1.2 NAME	
3. STREET ADDRESS	6812 N.W. 77 COURT	1.3 STREET ADDRESS	
4. CITY - ST - ZIP	MIAMI FL 33166	1.4 CITY - ST - ZIP	
5. TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	LEYVA, AURELIO A.	2.2 NAME	
7. STREET ADDRESS	6812 NW 77 COURT	2.3 STREET ADDRESS	
8. CITY - ST - ZIP	MIAMI FL 33166	2.4 CITY - ST - ZIP	
9. TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	ORTEGA, CARLOS	3.2 NAME	
11. STREET ADDRESS	6812 NW 77 COURT	3.3 STREET ADDRESS	
12. CITY - ST - ZIP	MIAMI FL 33166	3.4 CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY - ST - ZIP		4.4 CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY - ST - ZIP		5.4 CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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***208.75**

I 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: *Carlos Ortega*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (305) 477-3322