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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300002433 (1)

U.S. ASIA OF SOUTH FLORIDA, INC.

9509 PURCELL DRIVE

POTOMAC MD 20854

FILED								
Apr 28 1997 8:00am								
Secretary of State								

Principal Place of Business 1150 17TH ST., NW STE 303 WASHINGTON DC 20036 US			1150 17TH ST., N STE 303	WASHINGTON DC 20036-4603			3. Date Incorporated or Qualified 3a. Date of Last Report			
US			03				3. Date Incorporated or Qualified 3a. Date of Last Report 05/25/1993 06/25/1996			
2. Principal P	lace of Busine	OSS	2a. Mailing Addr	2a. Mailing Address			4. FEI Number Applied For			
21			26				52-1693960 Not Applicable			
Sulte, Apt.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
Zip 24		Country 25	Z _I p	30	Country	···	8. This corporation has liability for i	ntangible tax under s. Yes 🔲 No	199.032,	
	9. Name i	and Address of Cur	ent Registered Agent	e i na serie kalandi.			10. Name and Address of New Registered Agent			
PLA	NTATION FL to the provision registered ago am familiar with	ons of Sections 607.0	ale of Florida. Such chan ligations of, Section 607.	ge was autho 0505, Florida	rized by Statutes	City e-named cor The corpora	poration submits this statement for the partion's board of directors. I hereby acceptanced when reinstating	FL 85 Zip C	s registered	
12.	AND DIRECTORS	22 10000000 COLUMN CO.	13.		ADDITIONS/CHANGES TO OFFIC		S IN 12			
TITLE	PTC	DELETE 1.1 TILLE			·		Change	Addition		
NAME	LAWLESS, RICHARD P JR.				1.2 NAME					
STREET ADDRESS 10929 BLOOMINGDALE DRIVE					1.3 STREET	ADDRESS				
CITY-ST-ZIP	ROCKVILLE MD 20852				1.4 CITY - S1 - ZIP					
TITLE	VPVC DELETE			LETE	21 IIILE			Change	Addition	
NAME	SHAHEEN, THERESE M				2.2 NAME				İ	
STREET ADDRESS OTTY-ST-ZIP POTOMAC MD 20854					2 3 STREET ADDRESS 2. 4 C(1) Y - S1 - Z(P					
CITY-ST-ZIP	STOMAC	THE EVOT	M.		2. <u>4 CHY - 8</u> 3.1 THLE			Change	Addition	
NAME	SHAHEEN	. THERESE M	<i>y</i>		3.2 NAME	1,	ittlefair Joanne	ondinge	J. (1011011	

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supply 3 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 up of a 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 control of the

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(1Y - S1 - Z())

4.4 CITY - ST - ZIP

3.4. CITY - \$1 - ZIP

4.1 TITLE 4. 2 NAME

5.1 TILLE

5.2 NAME

6.134116

6.2 NAME

DELETE

DELETE

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CIONATURE.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

TITLE

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202 835 1735

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