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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90117 004 ***150.00

	UMENT # F95000 ation Name L U.S.A., INC.	JUU4494			J iji) Pa iyu a lah e	1810 (81)) Bibl (80)
Principal Place of Business Mailing Address						
252 W. HEDDOK DE				r smarsam frim thrat Affit Malif Malif Malif M	ann mann alam Al	iele (e)() (16) (18)
VALLEY STREAM NY 11580 253 W. MERRICK RD VALLEY STREAM NY 1158		00				
		8 U	DO NOT WORTH IN T			
1				DO NOT WRITE IN TO 3. Date incorporated or Qualified	HIS SPACE	<u> </u>
2 Principal	Place of Business			09/15/1995		
21 Principal	Place of Business	2a. Mailing Address		4. FEI Number		A - 0 - 1 - 1
Suite, Ap	ot # etc	26		11-2986947		Applied For Not Applicable
22		Suite, Apt. #, etc.				Additional
City & St	ate	27 City & State		5. Certificate of Status Desired		Required
23		28		6. Election Campaign Financing		0-маў ве
Zip	Country	Zip	Court	Trust Fund Contribution	Added	d to Fees
24	25	29	Country 30	8. This corporation owes the current year	Intangible	
	9. Name and Address of Curren	t Registered Agent	30	Personal Property Tax.	☐ Yes	XNo
1.16.0	ITED STATES CORPORATION COI		81 Name	10. Name and Address of New Registere	d Agent	
	TE 105 Lahassee FL 32301		83 St. City			 •
11. Pursuan office or agent. I a	t to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	and 607.1508, Florida Statute of Florida. Such change was at	-	poration submits this statement for the purpose cion's board of directors. I hereby accept the appropriate the control of the property of the		Code s registered
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	es, the above-named cor uthorized by the corporat rida Statutes.	ed when reinstating) DATE	of changing its ointment as re	s registered egistered
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND CPT	and title if applicable. (NOTE:	es, the above-named cor uthorized by the corporati rida Statutes.	по в при	of changing its cointment as re	s registered egistered
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SIGNATURE 12. TILE IAME ITREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND CPT ANDERSON, CARSTEN 49 LAKENBLEKERSTRAAT	and title if applicable. (NOTE:) DIRECTORS	es, the above-named corputhorized by the corporation of the corporatio	ed when reinstating) DATE	of changing its cointment as re	s registered egistered
SIGNATURE 12. IITLE VAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND CPT ANDERSON, CARSTEN 49 LAKENBLEKERSTRAAT AALSMEER, HOLLAND	and title if applicable. (NOTE: DIRECTORS DELETE	es, the above-named corporation of the corporation	ed when reinstating) DATE	of changing its cointment as re	s registered egistered
SIGNATURE 12. TILE MME STREET ADDRESS DITY-ST-ZIP TILE	Signature, typed or printed name of registered agent OFFICERS AND CPT ANDERSON, CARSTEN 49 LAKENBLEKERSTRAAT AALSMEER, HOLLAND VSD	and title if applicable. (NOTE:) DIRECTORS	es, the above-named corputhorized by the corporation of the corporatio	ed when reinstating) DATE	of changing its cointment as re	or registered egistered DRS IN 12 Addition
SIGNATURE 12. ITILE IAME ITREET ADDRESS ITY-ST-ZIP ITLE AME	Signature, typed or printed name of registered agent OFFICERS AND OFFICERS AND ANDERSON, CARSTEN 49 LAKENBLEKERSTRAAT AALSMEER, HOLLAND VSD SCHLOSSER, DENNIS J	and title if applicable. (NOTE: DIRECTORS DELETE	es, the above-named corporation of the corporation	ed when reinstating) DATE	of changing its cointment as re	s registered egistered
SIGNATURE 12. ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND OFFICERS AND ANDERSON, CARSTEN 49 LAKENBLEKERSTRAAT AALSMEER, HOLLAND VSD SCHLOSSER, DENNIS J 253 W. MERRICK RD	and title if applicable. (NOTE: DIRECTORS DELETE	es, the above-named corputhorized by the corporation of the corporatio	ed when reinstating) DATE	of changing its cointment as re	or registered egistered DRS IN 12 Addition
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

(516) 561-5176