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Secretary of State

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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 # G16455

1. Corporation Name

MOMO U.S.A., INC.

Principal Place of Business

% ANGELA C. WILLIAMS
 2100 N.W. 93RD AVENUE
 MIAMI FL 33172-4803

Mailing Address

% ANGELA C. WILLIAMS
 2100 N.W. 93RD AVENUE
 MIAMI FL 33172-4803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5300 Old Tampa Hwy		26 5300 Old Tampa Hwy		12/14/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 City & State		27 City & State		59-2256146	
23 Lakeland, FL		28 Lakeland, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip 33811		29 Zip 33811		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

WILLIAMS, ANGELA C.
 2100 N.W. 93RD AVENUE
 MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name	Stuart D. Boyd, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)	5300 Old Tampa Hwy
83 City	Lakeland, FL 33811
84 City	Lakeland
85 Zip Code	FL 33811

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

Stuart D. Boyd, VP Legal Affairs

Signature, typed or printed name of registered agent and date if applicable

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☒ DELETE	1.1 TITLE	PRES/D ☐ Change ☒ Addition
NAME	CATTANEO, MARCO	1.2 NAME	Charles J. Speranzella, Jr.
STREET ADDRESS	2100 NW 93 AVENUE	1.3 STREET ADDRESS	5300 Old Tampa Hwy
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	Lakeland, FL 33811
TITLE	VTD ☒ DELETE	2.1 TITLE	S ☐ Change ☒ Addition
NAME	MAYER, ROBERTO	2.2 NAME	Lizanne Gupcill
STREET ADDRESS	VIA DECEMVIRI, 20	2.3 STREET ADDRESS	5300 Old Tampa Hwy
CITY-STATE-ZIP	20138 MILAN IT	2.4 CITY-STATE-ZIP	Lakeland, FL 33811
TITLE	VD ☒ DELETE	3.1 TITLE	T ☐ Change ☒ Addition
NAME	SALUSSOLIA, PIERO	3.2 NAME	Robert J. Saltarelli
STREET ADDRESS	701 BRICKELL AVE #1600	3.3 STREET ADDRESS	5300 Old Tampa Hwy
CITY-STATE-ZIP	MIAMI FL	3.4 CITY-STATE-ZIP	Lakeland, FL 33811
TITLE	VD ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	MOORE, PHILIP	4.2 NAME	Robert M. Rapone
STREET ADDRESS	2100 NW 93RD AVENUE	4.3 STREET ADDRESS	5300 Old Tampa Hwy
CITY-STATE-ZIP	MIAMI FL	4.4 CITY-STATE-ZIP	Lakeland, FL 33811
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Stuart D. Boyd
STREET ADDRESS		5.3 STREET ADDRESS	5300 Old Tampa Hwy
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Lakeland, FL 33811
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 12 or Block 13 if change, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lizanne Gupcill, Secretary

Date

Daytime Phone #

CR2E034 (1/98)