


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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		G87852		(1)	
1. Corporation Name INVERUSA, CORP.					
Principal Place of Business C/O JOSE M. VIDAURRE 1888 S. MIAMI AVE. MIAMI FL 33129-8531			Mailing Address C/O JOSE M. VIDAURRE 1888 S. MIAMI AVE. MIAMI FL 33129-8531		
2. Principal Place of Business					
21		2a. Mailing Address		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State	
22		27		28	
City & State		City & State		City & State	
23		29		30	
Zip		Country		Country	
24		25		26	
Zip		Country		Country	
3. Name and Address of Current Registered Agent					
VIDAURRE, JOSE M. 1888 S. MIAMI AVE. MIAMI FL 33129					
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					
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					
Signature: typed or printed name of registered agent or officer if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP		1.4 CITY-ST-ZIP			
2.1 TITLE		2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP			
3.1 TITLE		3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP			
4.1 TITLE		4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP			
5.1 TITLE		5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP			
6.1 TITLE		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1984	
4. FEI Number 59-2375452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

Signature: typed or printed name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VIDAURRE, JOSE M.	
STREET ADDRESS	1888 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/29/98 1305/856-8356

CR2E034 (10/97)