

AMENDED ANNUAL REPORT IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
F CORPORATIONS

FILED

99 OCT 18 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H69490
1. Corporation Name
United States Marine Corp.

Principal Place of Business Mailing Address
13255 Biscayne Blvd
N. Miami FL 33181
13255 Biscayne Blvd
N. Miami, FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. 13255 Biscayne Blvd Suite, Apt. #, etc.	2a. Mailing Address 26. 13255 Biscayne Blvd N. Miami Suite, Apt. #, etc.	4. FEI Number 59-2617504	Applied For Not Applicable
22. City & State 23. N. Miami FL 24. Zip 33181	27. City & State 28. N. Miami FL 29. Zip 33181	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
25. Country USA	30. Country USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARCUS, DAVID 13255 Biscayne Blvd. N. Miami, FL 33181	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
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: David A. Marcus DATE: 10-12-99

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Marcus DATE: 10/12/99 DAYTIME PHONE: 305 892-2628

CR2E034 (11/98)