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SIGNATURE:

FLORIDA DEPARTMENT OF STATE Jun 16 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 · (3)H8 1085 DOCUMENT # USR, INC. Principal Place of Business
3375 W 4 AVENUE Mailing Address 3375 W HE AVENUE HIALEAH FL 33012 FL 33012 HIALEAH 3. Date Incorporated or Qualified V 5 10/14/1985 2a. Mailing Address Applied For 2. Principal Place of Business 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032. Country Country Yes No 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SACHER, CHARLES P. 81 Name 2655 LEJEUNE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 1101 83 33134 FL CORAL GABLES 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition 11 TITLE TITLE UBALDO S. MID RODRIGUEZ 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE 2.1 TITLE Addition TITLE 2 2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3 1 T(T) F TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition DELETE Change S 1 TITLE TITLE 5 2 NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP CITY - ST - ZIP Chánge Addition ☐ DELETE 6.1 TITLE TITLE 700002214817 -06/17/97--01042--022 52 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do 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 eath; that if am an officer or director of the corporation or the receipter 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.

FILED