SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J27859** **(4)**

1. Corporation Name
INCOR-USA, INCORPORATED

Principal Place of Business	Mailing Address
% REBECCA RIVERA 6220 S. ORANGE BL. TR., STE 142 ORLANDO FL 32809	% REBECCA RIVERA 6220 S. ORANGE BL. TR., STE 142 ORLANDO FL 32809

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 08/06/1986	3a. Date of Last Report 06/20/1995
4. FEI Number 59-2960686	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CASTRO, LOURDES
6220 S. ORANGE BL. TR.
STE 142
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	REINA, ERASMO		12 NAME	
STREET ADDRESS	6220 S. ORANGE BLVD. TR., SUITE 142		13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	REINA, LUIS E		22 NAME	
STREET ADDRESS	6220 S. ORANGE BLVD., TR., SUITE 142		23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809		24 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	REINA, WILSON E		32 NAME	
STREET ADDRESS	6220 S. ORANGE BLVD., TR., SUITE 142		33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809		34 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	REINA, RICARDO		42 NAME	
STREET ADDRESS	6220 S. ORANGE BLVD., TR., SUITE 142		43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	REINA, JUAN P		52 NAME	
STREET ADDRESS	6220 S. ORANGE BLVD., TR., SUITE 142		53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	REINA, JOHN F		62 NAME	
STREET ADDRESS	6220 S. ORANGE BLVD., TR., SUITE 142		63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809		64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wilson E Reina 7/26/96 407 352-754/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Wilson E Reina T-D

014A96 FR