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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

% REBECCA RIVERA
6220 S. ORANGE BL. TR., STE 142
ORLANDO FL 32809

Mailing Address

% REBECCA RIVERA
6220 S. ORANGE BL. TR., STE 142
ORLANDO FL 32809



3. Date Incorporated or Qualified

08/06/1986

3a. Date of Last Report

08/05/1996

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

2. Principal Place of Business

21 9549 LA VILL CT
Suite, Apt. #, etc.

22 Windermere FL
City & State

23 34786
Zip

24 Country

2a. Mailing Address

26 9549 LA VILL CT
Suite, Apt. #, etc.

27 Windermere FL
City & State

28 34786
Zip

29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REINA, ERASMO
STREET ADDRESS 6220 S. ORANGE BLVD. TR., SUITE 142
CITY-ST-ZIP ORLANDO FL 32809

TITLE VD
NAME REINA, LUIS E
STREET ADDRESS 6220 S. ORANGE BLVD., TR., SUITE 142
CITY-ST-ZIP ORLANDO FL 32809

TITLE TD
NAME REINA, WILSON E
STREET ADDRESS 6220 S. ORANGE BLVD., TR., SUITE 142
CITY-ST-ZIP ORLANDO FL 32809

TITLE SD
NAME REINA, RICARDO
STREET ADDRESS 6220 S. ORANGE BLVD., TR., SUITE 142
CITY-ST-ZIP ORLANDO FL 32809

TITLE D
NAME REINA, JUAN P
STREET ADDRESS 6220 S. ORANGE BLVD., TR., SUITE 142
CITY-ST-ZIP ORLANDO FL 32809

TITLE D
NAME REINA, JOHN F
STREET ADDRESS 6220 S. ORANGE BLVD., TR., SUITE 142
CITY-ST-ZIP ORLANDO FL 32809

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)