

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

FILED  
May 12 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 # L41533

(5)

1. Corporation Name

AMERISEW (USA) INC.

Principal Place of Business

2295 NW 20 ST.  
MIAMI FL 33142-7371

Mailing Address

2295 NW 20 ST.  
MIAMI FL 33142-7371

3. Date Incorporated or Qualified

01/08/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0167036

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

REBULL, ARMANDO JR  
2295 BW 20 ST  
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name ARMANDO R. REBULL  
82 Street Address (P.O. Box Number is Not Acceptable)  
2295 NW 20 ST  
83 MIAMI  
84 City

FL 85 Zip Code 33142-7371

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: *Armando R. Rebull* V.T. SECRETARY  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE 4-24-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REBULL, ANGELINA	
STREET ADDRESS	2295 NW 20 ST.	
CITY-ST-ZIP	MIAMI FL 33142-7371	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REBULL, ARMANDO, JR.	
STREET ADDRESS	2295 NW 20 ST.	
CITY-ST-ZIP	MIAMI FL 33142-7371	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	REBULL, ARMANDO R.	
STREET ADDRESS	2295 NW 20 ST.	
CITY-ST-ZIP	MIAMI FL 33142-7371	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARMANDO R. REBULL
2.3 STREET ADDRESS	2295 NW 20TH STREET
2.4 CITY-ST-ZIP	MIAMI FL 33142-7371
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 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: *Armando R. Rebull* V.P.

DATE 4/24/97 DAYTIME PHONE 638-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)