Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90210 031 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L41533

AMERISEW (USA) INC.

| ٠,  |  |                                       |            |  |   |                                      |                        |
|---|--|---------------------------------------|------------|--|---|--------------------------------------|------------------------|
| Principal Place of Business Mailing Address                           |  |                                       |            |  |   | DIT 21411 21211 21211 41             | 217 01011 1001         |
| 2295 NW 20 ST. 2296 NW 20 ST. MIAMI FL 33142-7371 MIAMI FL 33142-7371 |  |                                       |            |  | DO NOT WRITE IN THIS SPACE  |                                      |                        |
|   |  |                                       |            |  | 3. Date Incorporated or Qualifed  |                                      |                        |
| l   |  |                                       |            |  | 01/08/1990  |                                      |                        |
| 2. Principal P  | lace of Business   | 2a. Mailing Address                   | -          |  | 4. FEI Number   | App                                  | olied For              |
| 21  | ,  | 26                                    |            |  | 65-0167036  | <del></del>                          | Applicable             |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                   |            |  | 5. Certificate of Status Desired  | \$8.75 A                             |                        |
| City & State  | е  | City & State                          |            |  | Election Campaign Financing Trust Fund Contribution   | \$5.00 h<br>Added to                 | •                      |
| Zip   | Country  | Zip                                   | Cou        | ntry   | This corporation owes the current year Personal Property Tax.                                   |                                      | □No                    |
| 24  | 9. Name and Address of Curre   |                                       | ou         |  | 10. Name and Address of New Registe   |                                      |                        |
| REBULL, ARMANDO J<br>2295 NW 20 ST<br>MIAMI FL 33142                  |  |                                       |            | <ul><li>81 Name</li><li>82 Street Address</li><li>83</li></ul> | ess (P.O. Box Number is Not Acceptable)   |                                      |                        |
| MIAI  | VII FL 53142   |                                       |            | 83   |   |                                      |                        |
|   |  |                                       |            | 84 City  | - 14  | FL 85 Zip C                          | ode                    |
| office or r<br>agent. I a   | to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obligations. | of Florida. Such change was au        | thorized   | by the corporation   | oration submits this statement for the purpos<br>on's board of directors. I hereby accept the a | e of changing its appointment as reg | registered<br>gistered |
| SIGNATURE   | Stonature, typed or printed name of registered age   | ent and title if applicable. (NOTE: I | Registered | Agent signature required                                       | d when reinstating) DATE  | i                                    |                        |
| 12.   | OFFICERS A   | ND DIRECTORS                          | 13.        |  | ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTOR                         |                        |
| TITLE   | PD   | ☐ DELETE                              | 1.1 T      | LE   |   | Change                               | ☐ Addition             |
| NAME  | REBULL, ANGELINA   |                                       | 1.2 N      | ME   |   |                                      |                        |
| STREET ADDRESS  | 2295 NW 20 ST.   |                                       | 1.3 \$1    | REET ADDRESS   |   |                                      |                        |
| CITY-ST-ZIP   | MIAMI FL 33142-7371  |                                       | 1.4 CI     | ry-st-zip  |   |                                      |                        |
| TITLE   | S  | ☐ DELETÉ                              | 2.1 TI     | ī.E  |   | ☐ Change                             | ☐ Addition             |
| NAME  | REBULL, ARMANDO R  |                                       | 2.2 N      | ME   | ,   | -                                    |                        |
| STREET ADDRESS  | I ·  |                                       |            | REET ADORESS   |   |                                      |                        |
| CITY-ST-ZIP   | MIAMI FI.  | ☐ DELETE                              |            | TY-ST-ZIP  |   | [7] Change                           | [ ] Addition           |
| TITLE   | VTD  |                                       | 3.1 N      |  |   |                                      | _                      |
| NAME  | REBULL, ARMANDO R.   |                                       |            |  |   |                                      |                        |
| STREET ADDRESS  | 1  |                                       |            | REET ADDRESS   |   |                                      |                        |
| CITY-ST-ZIP   | MIAMI FL 33142-7371  | ☐ DELETE                              | 3.4. C     | TY-ST-ZIP  |   | Change                               | Addition               |
| TITLE   |  | ☐ bereis                              |            |  |   |                                      | <u></u>                |
| NAME  |  |                                       | 4.2 N      |  |   | *                                    |                        |
| STREET ADDRESS  | 1 '  |                                       | ■ 4.3 S    | REET ADDRESS   |   |                                      |                        |

CITY-ST-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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

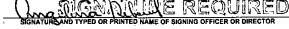
CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



<u>4-20-1999</u>

Change

☐ Change

☐ Addition

Addition