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

PROFIT CORPORATION ANNUAL REPORT

1999 OOLINAENE //



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90224 012 ***150.00

1. Corporation	VIENT # L59591 USIC PUBLISHING, INC	·			
Principal Place	Mailing Address				
5101 N BAY ROAD MIAMI BEACH FL 33140 US		C/O PREMIER MGMT 7280 W PALMETTO PARK RD. #106 BOCA RATON FL 33433			DO NOT WRITE IN THIS SPACE
	. •	US			3. Date Incorporated or Qualifed 03/19/1990
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		Suite. Apt. #. etc.			65-0204642 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		h '' ' '			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing 55.00 May Be
23		28		-	Trust Fund Contribution Added to Fees
		Zip 29 3	Country [30]		8. This corporation owes the current year Intangible Personal Property Tax.
<u>+1</u>	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent
			81	Name	3
PEREZ, RUDY			82	Street A	t Address (P.O. Box Number is Not Acceptable)
	W PALMETTO PARK ROAD, SUIT	E 106			
BOC	A RATON FL 33433		83		
	•	,	84	City	FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the above	l e-named o	t corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auti	horized by	the corpo	poration's board of directors. I hereby accept the appointment as registered
•	in lamiliar with, and accept the bongation	713 01, CCC11011 007.0000, 1 10114		•	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Age	nt signature re	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD PERFECTION OF SPERM	☐ DELETE	1.1 TITLE		Change — Addition
NAME	TEMEL NOB NOTO THE ME		1.2 NAME		
STREET ADDRESS	ess 7280 w Palmetto Park Road, Suite 106 Boca Raton Fl 33433		1.3 STREET ADDRESS 1.4 City-St-Zip		,
CITY-ST-ZIP			2.1 TITLE	1-217	☐ Change ☐ Addition
NAME	PEREZ, ELIZABETH/C/O		2.2 NAME		_ , _
STREET ADDRESS	The state of the s			T ADDRESS	3
CITY-ST-ZIP			2. 4 CITY-5		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		الرسف والبيد الرابية المراب والرابية المرابية
STREET ADDRESS	» جد تيوه	K = 100 € 1 € 1	3.3 STREE	T ADDRESS	3
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	•		4. 2 NAME		
STREET ADDRESS				TADDRESS	
CITY-\$T-ZIP			4.4 CITY-S 5.1 TITLE	T-ZIP	Change Addition
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STREET ADDRESS	The party of the second			TADORESS	s].
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	;		6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	5

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #