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 # L66672

US 1 PROPERTIES, INC.

Principal Place of Business

Mailing Address

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90068 007 ***150.00



2875 N.W. 77TH AVE 2875 N.W. 77TH AVE MIAMI FL 33122 MIAMI FL 33122						
		WICHII 1 L 30122			DO NOT WRITE IN TH	IC CDACE
					3. Date Incorporated or Qualifed	IS SPACE
		·			04/18/1990	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	
21	<u>· </u>	26				Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0199908		Not Applicabl
22 27					5. Certifcate of Status Desired	\$8.75 Additional
City & St	ate	City & State				Fee Required
23		28			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Countr		Trust Fund Contribution	Added to Fees
24	25	29	30	,	8. This corporation owes the current year le	
	9. Name and Address of Curren		301		Personal Property Tax.	Yes □ No
			81	Name	10. Name and Address of New Registered	i Agent
GAI	rcia, firpo	•		1 1441110		
287	5 NW 77 AVE	•	82	Street Add	dress (P.O. Box Number is Not Acceptable)	
. MIA	MI FL 33122		<u> </u>			ene i de caser a en ricio in
			83			銀行的高級組織
	:		84	City		े भ इसे नोबर्ग विशे की विशे
44 / Duran	the state of the s				Fi	7 85 Zip Code 7 7
office or	to the provisions of Sections 607,0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	es, the abov	e-named corp	poration submits this statement for the purpose o	f changing its registered
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Flor	uinonzed by rida Statutes	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	intment as registered
SIGNATURE					•	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ager	nt signature require	ed when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 40
TITLE	DP	☐ DELETE	1.1 TITLE		The state of the s	Change Addition
NAME:	GARCIA, FIRPO	•	1.2 NAME			[] Addition
STREET ADDRESS	2875 NW 77TH AVE		1.3 STREET	ADDRESS		•
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST			
TITLE		☐ DELETE	2.1 TITLE			
NAME		4.	2.2 NAME	·		. Change Addition
STREET ADDRESS						
CITY-ST-ZIP			2.3 STREET	1		
TITLE		☐ DELETE	2. 4 CITY-S1	r-zip		
NAME .			3.1 TITLE	[☐ Change ☐ Addition
STREET ADDRESS		•	3.2 NAME	+ [•
CITY ST-ZIP			3.3 STREET	ADDRESS	ار المعالم الم المعالم المعالم المعال	* An distriction & School
TITLE			3.4. CITY-ST	-ZIP		學。1974年1月2日
Î		☐ DELETE	4.1 TITLE		र दूर्व के विद्यालय	Change Addition
AME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		,
CITY-ST-ZIP			4.4 CITY-ST-	ZIP		•
ITLE		[] DELETE	5.1 TITLE			☐ Change ☐ Addition
IAME			5.2 NAME	1		☐ Change ☐ Addition
TREET ADDRESS			5.3 STREET A	DDRESS		
TY-ST-ZIP	<u>多7</u>		5.4 CITY-ST-		1.7	
ITLE ·	Table 1	☐ DELETE	6.1 TITLE			
AME (情况多维的 (1) (1) (1) (1) (1) (1) (1)		6.2 NAME			☐ Change ☐ Addition
TREET ADDRESS	Part El		_	200000	,	
TY+ST-ZIP			6.3 STREET A			
TO THE LITE			6.4 CITY-ST-2	7ID Í		

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATUR

SIGNATURE OF TYPED OF PRINTED HAME SEGINING OFFICER OF DIRECTOR

Daytime Phone

00/44/4000