

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

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L95814** (4)  
1. Corporation Name  
**UNITED SALES OF AMERICA, INC.**

Principal Place of Business <b>5726 MAJOR BLVD STE#208 ORLANDO FL 32819 US</b>	Mailing Address <b>2712 DR PHILIPS BLVD STE #50-311 ORLANDO FL 32819 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6235 MERRIDITH ERIN LN</b> Suite Apt #, etc. 22 <b>n/a</b> City & State 23 <b>ORLANDO FLORIDA</b> Zip 24 <b>32819</b> Country 25 <b>USA</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>08/20/1990</b>	4. FEI Number <b>65-0252012</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>IOZIA, ANDREA L 6235 MERRIDITH ERIN LANE ORLANDO FL 32819</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 L. Jozia DATE 4-15-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P/S T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>IOZIA, LARRY</b>			1.2 NAME	<b>LYNNE IOZIA</b>		
STREET ADDRESS	<b>6235 MERRIDITH ERIN LN</b>			1.3 STREET ADDRESS	<b>6235 MERRIDITH ERIN LN</b>		
CITY-ST-ZIP	<b>ORLANDO FL</b>			1.4 CITY-ST-ZIP	<b>ORLANDO FL 32819</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>V/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>IOZIA, ANDREA L</b>			2.2 NAME	<b>LARRY IOZIA</b>		
STREET ADDRESS	<b>6235 MERRIDITH ERIN LANE</b>			2.3 STREET ADDRESS	<b>6235 MERRIDITH ERIN LANE</b>		
CITY-ST-ZIP	<b>ORLANDO FL</b>			2.4 CITY-ST-ZIP	<b>ORLANDO FL 32819</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE: L. Jozia LYNNE IOZIA DATE 4-15-98 407 352-1804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0540484

CR2E034 (10/97)