

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M60937** (3)

1. Corporation Name
EVA U.S.A., INC.



Principal Place of Business

Mailing Address

**C/O HENRY TORRES
7440 NW 8TH ST.
MIAMI FL 33126
US**

**C/O HENRY TORRES
7440 NW 8TH ST.
MIAMI FL 33126
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 10/16/1987	3a. Date of Last Report 02/22/1995
4. FEI Number 65-0009868	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	

**TORRES, HENRY
7440 NW 8TH STREET
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed or Printed Name of Registered Agent)

Signature of Registered Agent (Typed or Printed Name of Registered Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	TITLE	DELETED	NAME	TITLE	DELETED	NAME	TITLE	DELETED
P		☐	1. NAME		☐			☐
TORRES, HENRY			12. NAME		☐			☐
7440 NW 8TH STREET			13. STREET ADDRESS		☐			☐
MIAMI FL 33126			14. CITY - ST - ZIP		☐			☐
V		☐	2. NAME		☐			☐
TORRES, TERESITA R			27. NAME		☐			☐
7440 NW 8TH STREET			23. STREET ADDRESS		☐			☐
MIAMI FL 33126			24. CITY - ST - ZIP		☐			☐
		☐	3. NAME		☐			☐
			33. STREET ADDRESS		☐			☐
		☐	34. CITY - ST - ZIP		☐			☐
			4. NAME		☐			☐
		☐	47. NAME		☐			☐
			43. STREET ADDRESS		☐			☐
		☐	44. CITY - ST - ZIP		☐			☐
			5. NAME		☐			☐
		☐	57. NAME		☐			☐
			53. STREET ADDRESS		☐			☐
		☐	54. CITY - ST - ZIP		☐			☐
			6. NAME		☐			☐
		☐	62. NAME		☐			☐
			63. STREET ADDRESS		☐			☐
		☐	64. CITY - ST - ZIP		☐			☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X *Henry Torres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 1305-267-0973
Date Printed Name

CR2E034 (12/95)