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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M84560

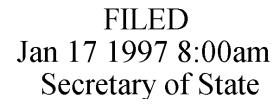
(5)

INFO-BUY U.S.A. CORP.

Principal Place of Business 8351 NW B7TH AVENUE

Mailing Address

6351 N.W. 87 AVE.





MIAMI FL 3317	8	MIAMI FL 33178-1626						
					3. Date Incorporated or Qualified 06/08/1988	3a. Dat 01/2	te of Last 3/1996	Report
2. Principal Place of Business		2a. Mading Address		4. FEI Number	- k.u	1	Applied For	
21		26		65-0057145		·	Vot Applicable	
Suite, Apt. #, etc. 22		Suite Apt. #, etc. 27		5. Certificate of Stans Desired			Additional Required	
City & State	e	City & State			6. Election Campa an Financing Trust Fund Contribution		اڑ ۔ Adde	Marr Be
Z(p 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for i		tax unde	,99.032,
***	9. Name and Address of Curren		1901		10. Name and Address of New Re			
ROS	S, RICARDO D.		81	Name				
	5 N.W. 52 ST. APT. 217		82	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)		
MIA	MI FL 33178						7171212121	
			83	1				
			84	City		FL	85 Zip	Code
44 5	16-11-527 of 0	2	too the sho		orporation submits this statement for the p		<u>l</u>	ita ragistarad
agent La SIGNATURE	m fam har with, and accept the obligation of right and accept the obligation of the	viaed de Lapphrai∞e (NO			quired when reinstalling)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DPT	DELETE	1.1 TITLE				Change	Addition
NAME	ROS, RICARDO D.		1.2 NAME					
STREET ADDRESS	9755 NW 52 STR, APT 217 MIAMI FL 33178			T ADDRESS				
CHY-ST-ZIP	DS DS	DELETE	1.4 CITY- 2.1 TITLE				Change	Addition
TITLE NAME	ROS, MYRNA	vecete	2 2 NAME	}			C) Change	
STREET ADDRESS	9755 NW 52 STR, APT 217			Y ADDRESS				
C-TY-ST-ZiP	MIAMI FL 33178		2 4 CITY	1				
TITLE	DV	DELETE	31 TITLE				Change	Addition
NAME	ROS, MIGUEL		32 NAME	.				
STREET ADDRESS	10849 NASHVILLE DR		3 3 STREE	T ADDRESS				
CITY - ST - ZIP	COOPER CITY FL 33026		3.4. CITY	-ST-ZIP				
TITLE		DELETE	41 TITLE	\			Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS				T ADDRESS				
CITY-ST-Z-2		DELETE	4.4 CITY - 5.1 TITLE				Change	Addition
DILE		₩ DEFEIG		1			— cuante	ואסווסטת ניים
NAME STREET ADDRESS			5.2 NAME	T ADDRESS				
CITY-ST-Z-P			5.3.3 THE					
17LF		DELETE	61 TIFLE			······································	Change	Addition
NAME		_	6.2 NAME	1				
STREET ADDRESS				T ADDRESS				
CITY+ST-2IP			6.4 CITY-	ST-ZiP				

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KleANdo J. Res