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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M84560

1. Corporation Name

INFO-BUY U.S.A. CORP.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90056 036 ***150.00

Principal Place of Business Mailing Address 6351 NW 87TH AVENUE 6351 N.W. 87 AVE. MIAMI FL 33178 MIAMI FL 33178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/08/1988 FEI Number Principal Place of Business Mailing Address 2a. Applied For 26 65-0057145 Not Applicable 21 Suite, Apt. #, etc._ Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 25 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent ROS, RICARDO D. Street Address (P.O. Box Number is Not Acceptable) 9755 N.W. 52 ST. APT. 217 MIAMI FL 33178 84 City Zip Code 85 .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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)] . > CR2E034 (11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE **DPT** TITLE 1.1 TITLE ROS, RICARDO D. 1.2 NAME NAME 9755 NW 52 STR, APT 217 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP 1.4 CITY-ST-ZIF TITLE DELETE 2.1 TITLE ☐ Addition ROS, MYRNA NAME 22 NAME 9755 NW 52 STR, APT 217 2.3 STREET ADDRESS STREET ADORES: CITY-ST-ZIF MIAMI FL 33178 2.4 CITY-ST-ZIP ☐ DELETE Addition D۷ 3.1 TITLE ☐ Change ROS. MIGUEL 3.2 NAME NAME : : 10849 NASHVILLE DR STREET ADDRESS 3.3 STREET ADDRESS COOPER CITY FL 33026 CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME , 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE ☐ Addition 5.1 TITLE ☐ Change TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 61 TITLE □ DELETE ☐ Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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

SIGNATURE:

CITY-ST-ZIP