FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N95000005193 (6)

1. Corporation Name
Recovery USA Inc

Principal Place of Business
15183 NE 21st Ave
N. Miami Bch, Fla.
33161-000

Mailing Address
Recovery USA Inc.
1000 Quayside Terr
#1212
Miami Fla. 33138

2. Principal Place of Business
21 15183 NE 21st Ave
Suite Apt # etc
22
City & State
23 N. Miami Bch, Fl
Zip 24 33161 Country 25 Dade

2a. Mailing Address
26 1000 Quayside Terr
Suite Apt #, etc
27 #1212
City & State
28 Miami, Fl.
Zip 29 33138 Country 30 Dade

3. Date Incorporated or Qualified 04/30/1995
3a. Date of Last Report N/A
4. FEI Number N95000005193 (6) ☐ 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

9. Name and Address of Current Registered Agent
Perlman, Bruce M
1000 Quayside Terr
Apt 1212
Miami, Fl 33138

10. Name and Address of New Registered Agent
81 Name Bruce M Perlman
82 Street Address (P.O. Box Number is Not Acceptable) 1000 Quayside Terr #1212
83
84 City Miami FL 85 Zip Code 33138

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President, Secretary & Treasurer Bruce M Perlman 1000 Quayside Terr #1212 Miami Fl. 33138	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P,S,T Bruce M. Perlman 1000 Quayside Terr #1212 Miami Fla 33138	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	T Myer J Cohn 2601 E Oakland Park Blvd, #203 Ft. Lauderdale Fl. 33306	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	T Leland Balber 3619 NE 207th Street #2209 Aventura Fl 33180	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	100001760971 -03/28/96--01050--015 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Bruce M Perlman 2/8/96 305-892-1763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

SG 3-28-96