

FILED
Jun 24, 1999 8:00 am
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|---|--|--|
| DOCUMENT # N98000000d/2 | | | |
| 1. Corporation Name USNP, INC | | | |
| Principal Place of Business 1421 N.W. 45TH ST # 2 Pompano Beach, FL 33062 | | Mailing Address P.O. BOX 4851 Deerfield Bch FL 33442 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip Country | | 28 Zip Country | |
| 24 25 | | 29 30 | |
| 9. Name and Address of Current Registered Agent | | | |
| Ed Harris 1421 N.W. 45TH ST Pompano Bch, FL 33062 | | | 81 Name 82 Street Address 1421 83 84 City PO |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 617.0602, Florida Statutes. | | | |
| SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. | | | (NOTE: Registered Agent signature required) |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres Edwin B. Harris Jr 1421 N.W. 45TH ST # 2 Pompano Bch, FL 33062 <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR Edwin B. Harris Jr 1421 N.W. 45TH ST # 2 Pompano Beach, FL 33064 <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Theresa Sistrunk 1421 N.W. 45TH ST # 2 Pompano Beach, FL 33064 <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Elias Navarrete <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | | |
| 13. | | | |
| 1.1 TITLE | | | V |
| 1.2 NAME | | | T |
| 1.3 STREET ADDRESS | | | r |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | | D |
| 2.2 NAME | | | E |
| 2.3 STREET ADDRESS | | | H |
| 2.4 CITY-ST-ZIP | | | 1 |
| 3.1 TITLE | | | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | | K |
| 4.2 NAME | | | M |
| 4.3 STREET ADDRESS | | | 2 |
| 4.4 CITY-ST-ZIP | | | C |
| 5.1 TITLE | | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

SIGNATURE: Edwin Harris Edwin Harris 4-25-99 854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
695-5530

CR2E037 (11/98)

June 14, 1999

Divisions of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

N98000000642
579298-90008-8

Attached please find the corrected annual report. Also please find a check for \$78.75, for the following: \$61.25 for annual report fee, \$17.50 for two certificate of status, as we need to file one copy with the state of Nevada. Also please change our mailing address to **USNP, INC, 1421 N.W. 45TH STREET, APT # 2, POMPANO BEACH, FL 33064.** Also your check is being drawn on our company is Las Vegas. Please send all documents to the above address. Thank you.

Sincerely,


Edwin Harris