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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State 🧳 DIVISION OF CORPORATIONS

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

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Principal Place of Business 1 51 Mailing Address DEDARTMENT OF STATE P.O. BOX 4851 Deer Field Bel pompano Beach, FL 33067 3. Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Busin 2/2 21 26 Suite, Apt. #, etc. 4. FEI Number Applied For Suite, Apt. #, etc. Not Applicable 27 22 City & State City & State \$8.75 Additional 5. Certifcate of Status Desired Fee Required 23 28 Country \$5.00 May Be Country Zin Zip 6. Election Campaign Financing Trust Fund Contribution Added to Fees 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FL Harris 45th ST 1421 N.W. 45th ST Pompano Ach, FL 33062 eresa Street Address (P.O. Box Number is Not Acceptable 82 1421 Zip Code 33062 84 Pompanu each 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0803, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1sec Change Pres 1.1 TITLE TITLE Edwin B. Harris SISTUUNK Thekesa 1.2 NAME NAME # 2 457 51 1421 A.W. 1.3 STREET ADDRESS STREET ADDRESS 33062 7.306Z Duranc 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE irector 2.1 TITLE TITLE B. HaRRS JR 2.2 NAME Elias NAME 1421 A.W. 451 ST #2 2.3 STREET ADDRESS STREET ADDRESS FL 33064 pompano Beach 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition 31 TITLE TITLE Theresa SISTYUNK POMPANO BELLET 330 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DIRECTOL_ Change 1 Addition 4.1 TITLE TITLE MINGO TELEACE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE

Hazr!s

CR2E037

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.

-Stricerely

Edwin Harps

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