

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000058133

1. Entity Name
AMERICAN SPAI-SONS USA CORP.



Principal Place of Business
**10155 SW 139TH PLACE
MIAMI, FL 33186**

Mailing Address
**10155 SW 139TH PLACE
MIAMI, FL 33186**



02142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1019303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PONCE DE LEON, FEDERICO F
10155 SW 139TH PLACE
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PONCE DE LEON, FEDERICO F
STREET ADDRESS	10155 SW 139TH PLACE
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	SD
NAME	BETANCOURT, ALEXANDRA R
STREET ADDRESS	10155 SW 139TH PLACE
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/27/04-80063-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alexandra Ponce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/29/04
Date

Daytime Phone #