2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075769

FILED

01 JUN 27 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Tucson U.S.A. Distributors, Inc.

Principal Place of Business	Mailing Address
5510 NW 35th Court Miami, Florida 33142	Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5510 NW 35th Court	5510 NW 35th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, Florida	Miami, Florida
Zip: 33142 Country: USA	Zip: 33142 Country: USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANK J. SEGREDO, ESQ. 901 POnce de Leon Boulevard Suite 701 Coral Gables, Florida 33134	Name Street Address (P.O. Box Number is Not Acceptable) LS City FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Yonel Elizee 8558 SW 114 Place Miami, Florida 33173	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Yonel Elizee 1643 Brickell Avenue #2201 Miami, Florida 33129	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lionel Cayard 600 NE 50 Terrace Miami, Florida 33137	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres/Sec Treas Marhanges Elizee 1643 Brickell Avenue #2201 Miami, Florida 33129	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800004462648--1 -07/06/01--01063--008 *****558.75 *****558.75	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (11/00)

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lionel Cayard, President 6-26-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date