FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998				retary of State OF CORPORATIONS			Secretary of State
	MENT # Name US FIBRES (P10620 OF FLORIDA, INC	(3)				
Principal Place	e of Business		Mailing Address			~~~~~~~~~~	
5601 NW 35T	H AVE		5601 NW 35TH AVE				
MIAMI FL 331	42		MIAMI FL 33142				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							07/02/1986
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc			Suite, Apt. #, etc.				59-2633963 Not Applicable
22			27				6. Certificate of Status Desired Fee Required
City & State	9		City & State				6. Election Campaign Financing \$5.00 May Be
23 Zip	T	ountry	28] Zip	Con	ntry		Trust Fund Contribution
24	25	· · · · · · · · · · · · · · · · · · ·	29	30	, iti y		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and	ddress of Current R			_		10. Name and Address of New Registered Agent
	CORPORATION				81	Name	
	00 S. PINE ISLA INTATION FL 3:				82	Street	Address (P.O. Box Number is Not Acceptable)
ru	MINION PL 3	324			83		
					84	O4.	los I 7% Oxida
11. Pursuant f	the provisions o	f Sections 607.0502 at both, in the State of	nd 607.1508, Florida Statu Horida, Such change was	ites, the al	oove	-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent I a	ท familiar with, ผา	d accept the obligation	ns of, Section 607.0505, F	lorida Stat	utes	i.	per analysis and an amount of the transport and appearance and to be provided as
SIGNATURE	Stonature Typed or print	of name of regulered a percar	elithe itaopheable (NC	ITE Registere	1 Age	nt signature	e required when reinstating) DATE
12.		OFFICERS AND D	IRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD V	HOTOM I	⊠ DELE1E	1.1 (1	TLE		Change Addition
NAME	KOFFMAN, 8 300 PLAZA D			1.2 N/			
STREET ADDRESS CITY-ST-ZIP	VESTAL NY	U.				ADORESS	
TITLE	PTD		DELETE	1.4 CI 2 1 TI		1 - ZIP	Change Addition
NAME	BAKER, HAR	RY D.		2.2 N/	ME		
STREET ADDRESS	5601 NW 351	'H AVE		2351	REET	ADDRESS	
CITY-ST-ZIP	MIAMI FL		-	2.40		T-ZIP	
TITLE NAME	sd Melin, davil) F	™ DELETE	3.1 Ti			Change Addition
STREET ADDRESS	3551 NW 116			3.2 N/ 3.3 S1		ADDRESS	
CITY-ST-ZIP	MIAMI FL					T-ZIP	j
TITLE	VD		DELLTE	4.1 TO			V/S/D \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
NAME	FURR, WILLI			4. 2 N	AME		FURB, WILLIAM P. 2900D I-85 S. SEKVILE RD
STREET ADDRESS	1101 TAR HE					ADDRESS	2900D I-85 S. SERVICE RID
CITY-ST-ZIP TITLE	CHARLOTTE VD	<u> </u>	DELETE	4.4 CF 5.1 Tr		I - ZIP	CHARLOTTE NC 28208 Change CAddition
NAME		O, JOSEPH A. JR	e out	5.1 N			Change (1 Addition)
STREET ADDRESS	3200 NW 110					ADDRESS	
CITY-ST-ZIP	MIAMI FL			5.4 CI			
TITLE	VDC	ADDELL C	☐ DELETE	6.1 711	LE		P/T/D Change Addition
NAME	STEAGALL, D			6.2 NA			STEAGALL DARRELL C
STREET ADDRESS	1101 TAR HE	EL KUAD		63 ST	REET.	ADDRESS	A900D T85 S. SERVICE KD.

CITY-ST-ZIP CHARLOTTE NC

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 amount 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 of the receiver or trusted empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment supplies.

FILED

Feb 10 1998 8:00am