PROFIT · CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P92000007675

1. Corporation Name FINGE U.S.A., INC.

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90195 014 ***158.75



Principal Place of Business Mailing Address						T 10011001 110 1814 1101 10011 0011 0011	 	
C/O R.A. FREEMAN		C/O R.A. FRE	C/O R.A. FREEMAN					
2601 S BAYSHORE DR. STE 1250			2601 S BAYSHORE DR. STE 1250					
MIAMI FL 33133 MIAMI FL 33133			33			DO NOT WRITE IN THI	S SPACE	
US		US				3. Date Incorporated or Qualifed		
			 -			11/30/1992	1 1 4	lied Con
2. Principal F	Place of Business	2a. Mailing A	ddress			4. FEI Number .	 	lied For
21		26				26-1178441	\$8.75 A	Applicable
Suite, Apt.	. #, etc.	Suite, Ap	t. #, etc.			5. Certifcate of Status Desired	Fee Re	
22		27 City & St						
City & Sta	te	— ·	ale			Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
23 Zio	Country	Zip		Country		8. This corporation owes the current year		71000
Zip		29	ſ,	10000		Personal Property Tax.		□No
24	25 9. Name and Address of Curre					10. Name and Address of New Registere		
	9. Name and Address of Carre	mi negistered Age		81	Name			-
FRE	EMAN, ROBERT A.							
	1 S BAYSHORE DR			82	Street Ac	Idress (P.O. Box Number is Not Acceptable)		
	1250			83				-
	MI FL 33133							
				84	City		85 Zip C	ode
44 5	4- M	02 and 607 1509 E	lorida Statutes	the above	-named co	rporation submits this statement for the purpose	-	registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such c	hande was aut	norized by	tne corpora	ation's board of directors. I hereby accept the app	pintment as reg	istered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: F	Registered Agen	t signature regi	uired when reinstating) DATE		
12,	<u> </u>	ND DIRECTORS	(11012)	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1 TITLE			Change	Addition
NAME	PADOAN, KETY MRS			1.2 NAME				
STREET ADDRESS	ACCUA O DAVOLICOS DO CTE	1250		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MAIMI FL			1.4 CITY-ST				
TITLE	VD		DELETE	2.1 TITLE			☐ Change	Addition
NAME	FREEMAN, ROBERT A		_	2.2 NAME			. •	ľ
	ACCUA O DAVOLLODE DO CTE	1250		2.3 STREET	ADDRESS	•		
STREET ADDRESS	MIAMI FL 33133	1200		2 4 CITY-S		نيواد المعر انيدية مراكات والهيدي	_	
CITY-ST-ZIP TITLE	AS		DELETE	3.1 TITLE	1-21		Change	Addition
	FRANCES, LOURDES			3.2 NAME				
NAME	ACCUA DE NOUGE DE CTE	1250		3.3 STREET	ADDRESS			
STREET ADDRESS	1	1230						
CITY-ST-ZIP TITLE	MIAMI FL 33133		DELETE	3.4. CITY-S 4.1 TITLE	1-2.IP		Change	Addition
		L		3.1 III EE				
NAME	1			4 2 MARIE				_
STREET ADDRESS	J			4. 2 NAME	ADODESS			_
CITY-ST-ZIP	S			4.3 STREET			<u> </u>	
TITLE	3		T DELETE	4.3 STREET				
		[DELETE	4.3 STREET 4.4 CITY-S' 5.1 TITLE			Change	☐ Addition
NAME		[DELETE	4.3 STREET 4.4 CITY-S' 5.1 TITLE 5.2 NAME	r-zip			
STREET ADDRESS		C	DELETE	4.3 STREET 4.4 CITY-S' 5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP ADDRESS			
STREET ADDRESS				4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T-ZIP ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	4.3 STREET 4.4 CITY-S' 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S' 6.1 TITLE	T-ZIP ADDRESS			
STREET ADDRESS CITY-ST-ZIP				4.3 STREET 4.4 CITY-S' 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S' 6.1 TITLE 6.2 NAME	T-ZIP ADDRESS		☐ Change	☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Vice Plesides