

FILE NOW. FILING FEE AFTER MAR 01 IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036533

1. Corporation Name
COURSE (U.S.A.), INC.

Principal Place of Business
12196 SW 128TH ST.
MIAMI FL 33186

Mailing Address
12196 SW 128TH ST.
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1993

4. FEI Number

95-4173234

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MCDONALD, DAVID M
1393 SW 1ST ST
SUITE 200
MIAMI FL 33135

81 Name **JEFFREY L. FREEMAN, ESQ.**82 Street Address (P.O. Box Number is Not Acceptable)
11645 BISCAYNE BLVD.83 **SUITE 210**84 City **MIAMI**

FL

85 Zip Code
33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD WILLIAMS, MAXINE**
STREET ADDRESS **12196 SW 128 ST**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME **DV JORGE MARCELO VAZQUEZ CHAVEZ**
STREET ADDRESS **12196 SW 128 ST**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME **DS PAZ PAULETTE CHAGNEAU ROJAS**
STREET ADDRESS **12196 SW 128 ST**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-234-9000

CR2E034 (1/98)