


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

FILED  
Apr 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000047733 (9)</b>					
<b>1. Corporation Name</b> <b>LA MISION, U.S.A., INC.</b>					
<b>Principal Place of Business</b> 1413 SO HOWARD AVE SUITE 213 TAMPA FL 33606 US			<b>Mailing Address</b> 1413 SO HOWARD AVE. SUITE 213 TAMPA FL 33606-3176 US		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. Suite 213 City & State Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. Suite 213 City & State Zip Country		<b>3. Date Incorporated or Qualified</b> 07/08/1993	
				<b>3a. Date of Last Report</b> 03/25/1996	
				<b>4. FEI Number</b> 59-3192338	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> VERSAGGI, RUSSEL S. 2411 STROUD AVE. #3 TAMPA FL 33629			<b>10. Name and Address of New Registered Agent</b>		
			<b>81 Name</b>		
			<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>		
			<b>83</b>		
			<b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VERSAGGI, RUSSELL S		1.2 NAME		
STREET ADDRESS	2411 STROUD AVE. #3		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VERSAGGI, RUSSELL S.		2.2 NAME		
STREET ADDRESS	2411 STROUD AVE., STE. 3		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALFARO, JUAN M		3.2 NAME		
STREET ADDRESS	5A CALLE PONIENTE #3778/COLONIA ESCALON		3.3 STREET ADDRESS		
CITY - ST - ZIP	SAN SALVADOR EL		3.4 CITY - ST - ZIP	SAN SALVADOR, EL SALVADOR	
TITLE	S/D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GERARDO MENENDEZ		4.2 NAME		
STREET ADDRESS	12 AVENIDA SUR, ENTRE 27 y 29		4.3 STREET ADDRESS		
CITY - ST - ZIP	CALIENTE PONIENTE		4.4 CITY - ST - ZIP	CALIENTE PONIENTE	
TITLE	SANTA ANA, EL SALVADOR	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
<b>14. I do 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.</b>					
<b>SIGNATURE: Russell Versaggi</b> <b>Russell Versaggi</b> <b>4/13/97</b> <b>(813)254-1777</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)