

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90286 040 ***150.00

DOCUMENT # P93000047733

1. Corporation Name

LA MISION, U.S.A., INC.

Principal Place of Business

1413 SO HOWARD AVE
213
TAMPA FL 33606
US

Mailing Address

1413 SO HOWARD AVE.
213
TAMPA FL 33606
US

2. Principal Place of Business

21 403 E. Davis Blvd.

2a. Mailing Address

26 403 E. Davis Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip Country

24 33606 25 USA

Zip Country

29 33606 30 USA

9. Name and Address of Current Registered Agent

VERSAGGI, RUSSEL S.
2411 STROUD AVE. #3
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1993

4. FEI Number

59-3192338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Russell S. Versaggi

82 Street Address (P.O. Box Number is Not Acceptable)

83

403 E. Davis Blvd

84 City

Tampa

FL

85 Zip Code

33606

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

Russell S. Versaggi

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

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VERSAGGI, RUSSELL S.
STREET ADDRESS 2411 STROUD AVE. #3
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE SD
NAME VERSAGGI, RUSSELL S.
STREET ADDRESS 2411 STROUD AVE., STE. 3
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE SD
NAME ALFARO, JUAN M
STREET ADDRESS 5A CALLE PONIENTE #3778/COLONIA ESCALON
CITY-ST-ZIP SAN SALVADOR EL

☐ DELETE

TITLE SD
NAME MENENDEZ, GERARDO
STREET ADDRESS 12 AVENIDA SUR, ENTRE 27 Y 29
CITY-ST-ZIP CALIENTE PONIENTE SA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME V D

1.3 STREET ADDRESS FERNANDO ALFARO

1.4 CITY-ST-ZIP 5A CALLE PONIENTE #3778, COLONIA ESCALON

2.1 TITLE San Salvador, El Salvador ☐ 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:

Russell S. Versaggi President 4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 254-1777

Daytime Phone #

CR2E034 (1/98)