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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070766 (9)

MARKET-U.S.A., ING. PROMED ASSETS CORP.

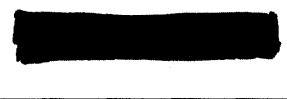
N/C 2/28/97

Principal Place of Business

Mailing Address

1861 N. FEDERAL HWY., #237 HOLLYWOOD FL 33020 1861 N. FEDERAL HWY., #237 HOLLYWOOD FL 33020-2827

FILED May 06 1997 8:00am Secretary of State



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•												e of Last Report 8/1996	
2. Principal Place of Business			28. 1	2a. Mailing Address				4. FEI Numb	oer .			opplied For	
21		26						65-044	65-0449975			lot Applicable	
Suite, Apl. #, otc			27	Suite, Apt. #, etc.				5. Certificati	Certificate of Status Desired Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Se				
City & State				City & State				6. Flection (Campaign Financing		\$5.00) May Be	
23	3								d Contribution			to Fees	
	Zip	Country	28	Zip	Co	untry	~~~		oration has liability for				
24	'	25	29	,	30	•		Florida Statutes					
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						-,,	
MANCINI, ANTHONY							81 Name						
1861 N. FEDERAL HWY., #237													
		LYWOOD FL 33020				82 Street Address (P.O. Box Number is Not Acceptable)							
HOLLIWOOD FL 33020													
	•												
	•					84	City			FL	85 Zip	Code	
11.	. Purşuantı	to the provisions of Gections 607.	0502 and 607	7.1508, Florida Statu	tes, the a	bove	-named c	orporation submits	this statement for the p	urpose of c	hanging	its registered	
	office or r	egistered agent, or both, in the S m familiar with and scept the	tate of Florida	3 Such change was Section 607/0505 Fi	authorize Iorida Ste	od by	the corpo	oration's board of di	rectors. I hereby accep	ot the appoir	ntment a	s registered	
		11 1 11	B	position objects, i.e.	A.	6		Marchine	D. A. A. A.				
SIC	SNATURE	Signature typed or printed name of registerer	d agent and title if	applicable (NO	TE: Register	nd Age	nt signature re	equired when reinstating)	I Wasti OVI	DATE			
12.	•	OFFICERS	AND DIRECT	rors	13.			ADDITION	S/CHANGES TO OFFIC	ERS AND D	RECTO	RS IN 12	
DR.	.f	PD DELETE		1.1	1.1 TITLE					Change	☐ Addition		
NAN	AE	MANCINI, ANTHONY			1.21	AME							
STREET ADDRESS 1861 N. FEDERAL HWY., #237			237	1.3		1.3 STREET ADDRESS							
CITY-ST-ZIP HOLLYWOOD FL 33020							T-ZIP						
7111				DELETE	2.11		,			I	Change	Addition	
NA					2.2 NAI		. 1						
	#EEL ADDRESS			i de la companya de		i							
						2.3 STREET ADDRESS 2.4 City-St-Zip							
	CHY-SI-ZIP			DELETE	DELETE 3.1 T		51-ZIP				Change	Addition	
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	1							***	165.00				
C-(Y-S)-7/P						HTY - S	1 - ZIP		07/3\/i) Elerida Statuta	- 16 mbs -		A SL	

i. I do nereby 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 is supplied 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 he proceiver or truetee empowered to explain this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or plan attaching with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER PR DIRECTOR

4/25/87 PS4-236-46-51