

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

DOCUMENT # P93000082399

1. Corporation Name

U S A PRODUCTS CORPORATION

Principal Place of Business

6909 NW 82ND AVENUE  
MIAMI FL 33166

Mailing Address

6909 NW 82ND AVENUE  
MIAMI FL 33166

FILED

99 DEC -2 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



516 P9 90057 030 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1993

4. FEI Number

65-0463986

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

9. Name and Address of Current Registered Agent

NORMAN, CHARLES  
6909 NW 82ND AVENUE  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME NORMAN, CHARLES

STREET ADDRESS 339 IVES DAIRY RD #4

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

11 TITLE SECRETARY ☐ Change ☒ Addition

12 NAME MINDY TORRES

13 STREET ADDRESS 1682 NE 176 ST

14 CITY-ST-ZIP North Miami Bch, FL 33162

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Mindy Torres P.O.A. Charles Norman

11/30/99

305 418-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

# USA

## PRODUCTS CORP.

CUSTOMER SATISFACTION IS OUR SUCCESS

2  
Page 1 of 1

11/30/99 4:35 PM  
FAX MESSAGE

TO:	FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	FROM:	Mindy Torres ext. 10
ATTN.:	REINSTATEMENT SECTION	Our Ref.:	M1564

Re: Document # P93000082399

Dear Sir or Madam:

Kindly reinstate our corporation very urgently.


Please consider the enclosed application which was filed & sent certified mail on April 30<sup>th</sup>, 1999, receipt # Z342 377 180. My payment, check # 006330 for \$150.00 was also enclosed which has been cashed. I have also attached the copy for your records.

I was not aware nor had I received any notice advising there was a problem with the application and that I must do something more. Much to my surprise, I am now being asked to pay a \$600.00 penalty fee. Please reconsider the late filing fee as I did file on a timely basis. As per the "Frequently Asked Questions" on the package sent to us, it is advised the cancelled check is proof of filing. Due to this fact, I thought everything was in order.

I would also like to bring to your attention that our only officer, Charles Norman has been out of the country for most of the year and is unable to sign the form. Power of Attorney was given to me before his trip, therefore I have signed the application and submitted the copy of the "Power of Attorney" for your records.

I appreciate your attention to this very important matter, and please be assured that I will follow up on my application from now on to insure that my paperwork was acceptable and that no other information is required.

Do not hesitate in calling me with any questions or concerns.

Sincerely,  
  
Mindy Torres

**\*\*Your Source For Laboratory Products\*\***

6909 N.W. 82<sup>nd</sup> AVE. / Medley, FL - 33166 / USA TEL.: (305) 418-4800 FAX.: (305) 418-4807  
e-mail : usacorp@shadow.net