FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 AM 8:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000085301 (8)

1. Corporate Name

PHYLL U.S.A. CORPORATION

Principal Place of Business	Mailing Address
170 OCEAN LANE DR NO. 603 KEY BISCAYNE FL 33149	170 OCEAN LANE DR. NO. 603 KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/10/1993	06/17/1994

4. FEI Number: 65-0467658 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Office of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

REYNA, GISELLA
170 OCEAN LANE DRIVE
NO. 603
KEY BISCAYNE FL 33149

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 _______ DATE _______

12. OFFICERS AND DIRECTORS

Field	
TITLE	DP
NAME	REYNA, RICARDO
STREET ADDRESS	170 OCEAN LANE DR., #603
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	S
NAME	REYNA, GISELLA
STREET ADDRESS	170 OCEAN LANE DRIVE, APT. 603
CITY-ST-ZIP	KEY BISCAYNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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.

SIGNATURE: [signature] 04-27-95 305-361-9688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0181061 CP