

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085301 (8)

1. Corporation 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

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 170 Ocean Lane Drive

2a. Mailing Address
26 170 Ocean Lane Drive

4. FEI Number
65-0467658

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Apt. 803

Suite, Apt. #, etc.
27 Apt. 803

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

City & State
23 Key Biscayne, FL

City & State
28 Key Biscayne, FL

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

Zip
24 33149

Country
25

Zip
29 33149

Country
30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
Gisella Santivanez

82 Street Address (P.O. Box Number is Not Acceptable)
170 Ocean Lane Drive

83 Apt. 803

84 City
Key Biscayne

FL

85 Zip Code
33149

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
170 Ocean Lane Drive, Apt. 803
Key Biscayne, FL 33149

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Gisella Santivanez
170 Ocean Lane Drive, Apt. 803
Key Biscayne, FL 33149

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and
that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ricardo Reyna, President

8/1/96

(305) 361-9788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)