

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION:  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000004282 (7)

1. Corporation Name

USA INVESTMENT FINANCE SERVICES INC.

Principal Place of Business

Mailing Address

13831 SW 59 St.  
Suite 104  
Miami, FL 33183

13831 SW 59 St.  
Suite 104  
Miami, FL 33183

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/10/1994

2. Principal Place of Business

2a. Mailing Address

21 12855 SW 136 Ave.

26 12855 SW 136 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 201

27 201

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33186

25 USA

29 33186

30 USA

4. FEI Number

Applied For

65-04560 51

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 Statute's ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENZIE, LEE  
13831 S.W. 59TH ST.  
#104  
MIAMI FL 33183

LEE MCKENZIE

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

12855 SW 136 Ave., Suite 201

83

84 City Miami

FL 85 Zip Code  
33186

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

Lee McKenzie

April 24th, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME               | STREET ADDRESS           | CITY-ST-ZIP    |
|-------|--------------------|--------------------------|----------------|
| P     | MCKENZIE, LEE      | 13831 S.W. 59TH ST. #104 | MIAMI FL 33183 |
| D     | MCKENZIE, MARJORIE | 13831 S.W. 59TH ST. #104 | MIAMI FL 33183 |
|       |                    |                          |                |
|       |                    |                          |                |
|       |                    |                          |                |
|       |                    |                          |                |

| 1. TITLE | 2. NAME            | 3. STREET ADDRESS        | 4. CITY-ST-ZIP   | Change                              | Addition                 |
|----------|--------------------|--------------------------|------------------|-------------------------------------|--------------------------|
| P        | McKenzie, Lee      | 12855 SW 136 Ave., # 201 | Miami, FL. 33186 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| V/S/D    | McKenzie, Marjorie | 12855 SW 136 Ave., # 201 | Miami, FL. 33186 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |                    |                          |                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |                    |                          |                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |                    |                          |                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |                    |                          |                  | <input type="checkbox"/>            | <input type="checkbox"/> |

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee McKenzie

4/24/97

Date

305-259-5540