

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000005129 (9)**

1. Corporation Name  
**US TAB, INC.**



Principal Place of Business

**2369 NW 149TH STREET  
OPA LOCKA FL 33054**

Mailbox Address

**2369 NW 149TH STREET  
OPA LOCKA FL 33054**

2. Principal Place of Business

21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

g. Name and Address of Current Registered Agent

**RADRIGUEZ, SAMUEL C  
18130 NW 81ST COURT  
PALM SPRINGS NORTH FL 33015**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

3. Date Incorporated or Qualified **01/21/1994**  
3a. Date of Last Report **04/18/1995**  
4. FFI Number **65-0461557**  
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. 190.032 Florida Statutes  Yes  No  
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	<input type="checkbox"/> DELETE	D	<input type="checkbox"/> DELETE
NAME		<b>RODRIGUEZ, SAMUEL C</b>	
STREET ADDRESS		<b>18130 NW 81ST COURT</b>	
CITY, ST, ZIP		<b>PALM SPRINGS NORTH FL 33015</b>	
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.04(3)(d), Florida Statutes. I further certify that the information indicated on this filing is a 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 owner or officer or director of a business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. If changes, or corrections, are made, they will be an address.

SIGNATURE: *Samuel C. Rodriguez* **SAMUEL RODRIGUEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 305-681-3539

CR2E034 (12/95)