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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P9400008080 (1)**1. Corporation Name

FELIX FERNANDEZ USA, INC.

FILED Mar 12 1997 8:00am Secretary of State



Principal Plac					III, QDDII Ba hii 1910 ; iiili Qdd i 1111 1811 1011		
Principal Place of Business 4360 NORTHLAKE BLVD. #205 PALM BEACH GARDENS FL 33410 US		Mailing Address					
			4360 NORTHLAKE BLVD. #205 Palm Beach Gardens Fl. 33410-8265 US				
		PALM BEACH GAR					
		US			lified 3a. Date of Last Report 12/09/1996		
2. Principal F	lace of Business	2a. Mailing Addre	SS	01/24/1994 4. FEI Number	Applied For		
21 Suite Apt # etc. 22		26	26		Not Applicab		
		Suite, Apt. #, etc.		5. Certificate of Status Desire	ed S8.75 Additional Fee Required		
City & Stat	te	City & State		6. Election Campaign Finance	cing \$5.00 May Be		
3		28		Trust Fund Contribution	Added to Fees		
Zφ	Country	Z _I p	Country		ity for intangible tay under s. 199.032,		
<u> </u>	25	29	30	Florida Statutes	Yes No		
	9, Name and Address of C		B1 Name	10. Name and Address of No	ew Hegistered Agent		
	rtin e. Washofsky, e.a., i	P.A.	81 Name				
) Northlake BlvD		82 Street	Address (P.O. Box Number is Not Acc	ceptable)		
#20	5			·	•		
PALI	m Beach Gardens FL 334	110	83				
			84 City		85 Zip Code		
			City		FL 85 Zip Code		
	am familiar with, and accept the	onligations of, Section 607.0	1505, Florida Statutes.		vaccept the appointment as registered		
SIGNATURE	Shar above, hypoid or preches carrier of two ste-	red agent and tille Cappicable	(NOTE: Registered Agent signature	e required when remetating)	DATE		
SIGNATURE	Standard Topici of professionary of two ste		(NOTE: Registered Agent signature 13.	e required when remetating)			
SIGNATURF 12.	Socrative typed to probe surround too ste OFFICER	red agent and tille Cappicable IS AND DIRECTORS	(NOTE: Registered Agent signatur 13. ETE 1.1 TITLE	e required when remetating)	DATE OFFICERS AND DIRECTORS IN 12		
SIGNATURF 12. IIUF IAME	OFFICER OFFICER FERNANDEZ, FELIX	red agreed and title Cappicable IS AND DIRECTORS	(NOTE: Registered Agent signatur 13. ETE 1.1 TITLE 1.2 NAME	e required when remetating)	DATE OFFICERS AND DIRECTORS IN 12		
SIGNATURE 2. THE TREET ADDRESS:	OFFICER OP FERNANDEZ, FELIX 4360 NORTHLAKE BLVD.,	red agree and tile Cappicable IS AND DIRECTORS DEL	(NOTE Registered Agent signatur 13. ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	e required when remetating)	DATE OFFICERS AND DIRECTORS IN 12		
SIGNATURE 12. 114 114 114 115 115 115 115 11	OFFICER OFFICER FERNANDEZ, FELIX	red agree and tile Cappicable IS AND DIRECTORS DEL	(NOTE Registered Agent signatur 13. ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	e required when remetating)	DATE OFFICERS AND DIRECTORS IN 12		
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4. I do hereby certify that the information supplied with this hilpid 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 efficer 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 12 if granged, or on an abacture with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

FELIX FOURSA

2/17/97

694~240

Daylinie Phone # 0006202