## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT (AR)** DOCUMENT # P94000058631

## FILED Apr 02, 2004 8:00 am Secretary of State

1. Entity Nam	NCO CAPITAL MANAGEME	NT (USA) CORP.				04-02-2004 90	076 009	***150.	00
Principal Place of Business % INTERNATIONAL EXECUTIVE OFFICES 2665 S. BAYSHORE DR. SUITE 906' MIAMI FL 33133 US		Mailing Address % INTERNATIONAL EXECUTIVE OFFICES 2665 S. BAYSHORE DR. SUITE 906 MIAMI FL 33133 US		***************************************				IT. REFER II 1881	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE-	CR2E034	(11/03)	)
City & State		City & State		4.	FEI Number 65-052327	9		Applied For Not Applicable	
Zip	Country	Zip	Country	y	5.	Certificate of Status Desired		<b>\$8.75</b> Fee Req	Additional uired
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New F	Registered	Agent	
				Name .					and the second
122	/AREZ, CESAR L 1 BRICKELL AVENUE .MI FL 33131			Street Address (P.O. Box Number is Not Acceptable)					
			-	City				Zin (	Code
8. The above	named entity submits this statement for	or the purpose of changing its	registered	. 1	stered ag	gent, or both, in the State of FI	FL orida. I am	•   `	
the obligat	tions of registered agent.			_					•
CICNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered A	Agent signature requ	ned when r	einstating)	DATE		
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Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	n State				Election Campaign Fit     Trust Fund Contribute			5.00 May Be ided to Fees
Afte	r May 1, 2004 Fee will be \$550.00	12,233-24,14,344.	11.		ΑĹ		on.	☐ Ac	ided to Fees
Afte Make Chec	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	12,233-24,14,344.	11.		ΑĹ	Trust Fund Contribution	on.	DIRECT	ORS IN 11
Afte Make Chec 10.	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o OFFICERS AND	DIRECTORS				Trust Fund Contribution	on.	D DIRECT	ORS IN 11
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of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roberto Kriete
OF SIGNING OFFICER OR DIRECTOR

305-285-5334