

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000061141 (5)

1. Corporation Name

U.S.A. ASSOCIATES, INC.



Principal Place of Business

5310 N.W. 33RD AVE.  
SUITE 100  
FT. LAUDERDALE FL 33309

Mailing Address

5310 N.W. 33RD AVE.  
SUITE 100  
FT. LAUDERDALE FL 33309

2. Principal Place of Business

2a. Mailing Address

21 3471 N. FEDERAL Hwy.

26 3471 N. FEDERAL Hwy.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 606

27 Suite 606

City & State

City & State

23 Fort Lauderdale, FL.

28 Fort Lauderdale, FL.

Zip

Zip

24 33306

29 33306

Country

Country

25 BROWARD

30 BROWARD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/18/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0516332

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. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

COVEN, DAVID A  
5310 N.W. 33RD AVE.  
SUITE 100  
FT. LAUDERDALE FL 33309

81 Name

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

83

84 City

FL

85 Zip Code

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 the state is valid

DATE Registered Agent's signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME EASTMAN, JEAN  
STREET ADDRESS 5310 N.W. 33RD AVE., SUITE 100  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

D.  
NAME BARRY ZIMMERMAN  
STREET ADDRESS 3471 N. FEDERAL Hwy, Suite 606  
CITY-ST-ZIP Fort Lauderdale, FL. 33306

2.1 TITLE ☒ Change ☐ Addition

D.  
NAME JEAN EASTMAN  
STREET ADDRESS 3471 N. FEDERAL Hwy, Suite 606  
CITY-ST-ZIP Fort Lauderdale, FL. 33306

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 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

8-7-96 (454) 565-8872

Date

Daytime Phone #

CR2E034 (12/95)