COI	PROFIT PROFIT PROFIT PROFATION UAL REPORT 1996	THE DISSOLVED, M	FLORIDA DEPART Sandra B Secretary DIVISION OF CO	MENT OF STATE Mortham of State		
1. Corporation		• •	64712			
	DRAFT USA COR		ing Address			
	260 N.E. 183r MIAMI, FLORID				Date Incorporated or Qualified	3a. Date of Last Report
6 Di 1					09-01-1994	03-27-95
2. Principar F	Piace of Business	2a. M	Mailing Address		4. FEI Number 65-053994	Applied For
Suite, Apt. #, etc		- 1	Suite, Apt. #. etc		5. Certificate of Status Desired	\$8.75 Additional
22 City & State 23		F	27 City 8 State 28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		'ıp	Country	8. This corporation has liability for in	
24	9. Name and Address o	29 29 Current Register		10	Florida Statutes 10. Name and Address of New Reg	Yes No
11. Pursuant office or r agent 1 a SIGNATURE	to the provisions of Sections registered agent or how in the familiar with, and accept the Standard register transcription of the Standard register that are provided the Standard register that are provided to the Standard register.	re oblighting of S	ection 607.0505 Election	the above-named corporated by the corporated by the corporated Statutes TROME TO REPORT TO THE STATE OF THE S		7/18/96
TITLE	OFFIG.	ERS AND DIRECT	DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12 Change Addition
NAME	DP J	om i	1	1 2 NAME		
STREET ADDRESS CITY-ST-2IP	Jaime S. Dr 260 NE 183r		ami.F1.331	1 3 STREET ADDRESS		
TITLE			DELETE	2 1 10116		Change Addition
NAME	\		/	2 2 NAME		
STREET ADDRESS CITY - ST - ZIP	ļ			2.3 STREET ADDRESS 2.4 City - St. ZIP		
TITLE			DELETE	31 THLE		Change Addition
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CITY-ST-ZIP				3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
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			DELETE	5 1 TITLE	80000190	1 1 6 Sange Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do heret further ce made unc	aruiy iiran ine imtormation iridic	cated on this annua or director of the co	ling is voluntarily furni	61 DTLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP shed and does not qual annual report is true; er or trusted empowere	lify for the exemption stated in Section 11 and accurate and that my signature shall d to execute this report as required by Ci	9 07(3)(k), Fill distalutes 1