FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400065834 (1)

USJ INFORMATION OFFICE, INC.

FILED Apr 29 1997 8:00am Secretary of State

|--|

Principal Place of Business		Mailing Address						
7891 W. FLAGLER # 123 STE 123 MIAMI FL 33144 US		7891 W. FLAGLER # 123 MIAMI FL 33144-2303						
				3. Date Incorporated or Qualified 3a. Date of Last Report 09/02/1994 12/23/1996				
— '	Place of Business	2a. Mailing Address		4. FEI Number		Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CO 75			Not Applicat	
2	.,	27		5. Certificate of Status Desired	X		Required	
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be			
3		28			Trust Fund Contribution			d to Fees
Žip	Country	Zip	Country	y	8. This corporation has liability for i			s. 199.032,
4	25 9. Name and Address of Curr	29 ent Begistered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes _		
EDA	ZO, ALDO	on nogation Agent	81	Name	10. Isamo dila Addicas di Itali Ita	<i>3</i> 1310100 P	· goil	
	W. Flagler # 123		-		10 0 0 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	VI FL 33144		82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
			83	<u> </u>				
\1			84	City			Tet 7	p Code
			64	City		FL	85 Zi	p Couo
SIGNATURE	Signature, typed or printed name of registered a	777700000		ent signature requ	ulred when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D Erazo, aldo	DELETE	1.1 TITLE				Change	e L Addi
NAME Street address	7891 W. FLAGLER # 123		1.2 NAME	1 ADDRESS				
DITY-ST-ZIP	MIAMI FL 33144		1.4 CHY-					
TITLE		DELETE	2.1 TITLE	y'' ***			☐ Change	e 🔲 Addi
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	1 ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	\$1-7P				
TITLE		DELETE	3.1 TITLE				Change	e LL Addi
NAME			3.2 NAME					
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	\$1-ZIP		• • • • • • • • • • • • • • • • • • • •	Change	e Addi
NAME		- Jeec 10	4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 C(TY-					
ITLE		DELFTE	5.1 TITLE				☐ Change	e 🔲 Addi
VAME			5.2 NAME					
STREET ADDRESS			53 STREE	1 ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-	SI - ZIP			Chaca	
TITLE		☐ DELETE	61 TITLE				Changi	e L Addi
NAME Street address			6.2 NAME	I ADDRESS				
CITY-ST-ZIP			6.4 DITY-					
OH 1 - 31 - 51	I		■ OH UITT	31.40				

14. I do hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same logal 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, 3 op an attachment with an address.

SIGNATURE.