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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024742

FILED Apr 22 1997 8:00am Secretary of State
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HUMELAND	U.S.A., INC.					·		
Principal Place of Bus	iness	Mailing Address			 	_		
8251 N.W.	66TH STREET	8251 N.W. 6	6TH	ST	REET			
MIAMI FL.	MI FL, 33166 MIAMI FL, 33166							
, , , , , , , , , , , , , , , , , , ,					3. Date Incorporated or Qualified 3a. Date of Last Report			
O. Discourt Brown of Downson						MARCH 28TH, 1995	<u> 1996 </u>	
2. Principal Place of Business 28. Mailing Address 21 26						4. FEI Number 65 – 0567507	-, ,	Applied For
Suite Apt. # etc. Suite, Apt. #, etc.							¢0.70	Not Applicable Additional
22 27						5. Certificate of Status Desired		Required
City & State City & State						6. Election Campaign Financing	\$5.0	O May Be
23		28				Trust Fund Contribution		d to Fees
Ζφ	· • • • • • • • • • • • • • • • • • • •			Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30			Florida Statutes XXYes No				
9. N	ame and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Regist	ered Agent	
ANTONIO D	. CONTI				110/10			
1299 S.E. 7TH AVENUE #12-202				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
DANIA FL,	33004			83				
			ŀ	84	City	TOTAL PROPERTY OF THE PROPERTY	FL 85 Zi	p Code
11. Pursuant to the pr	rovisions of Sections 607.0502	and 607.1508, Florida Statut	es, the ab	ove	-named corp	oration submits this statement for the purp		its registered
office or registere	d agent, or both, in the State as with, and accept by bibliga	f Florida, Such change was a ions of Section 607 0505. Ek	authorized orida Stati	by	the corporati	oration submits this statement for the purp ion's board of directors. I hereby accept th	e appointment	as registered
\/1-	Tario D. To. A	04/16/97	onda oitae	1100		4	11497	
SIGNATURE T	typed or ponted name of registered agent	and title 4 applicable (NOT	É Ragisterad	Ager	nt signature require	ed when reinstating) (PATE	
12.	OFFICERS AND		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
	. REGIDENT			1.1 TITLE			Change	e 🔲 Addition
MAME ANTO	ANTONIO D. CONTI			1.2 NAME				
	"			1.3 STREET ADDRESS				
	IA FL, 33004	DELETE	1.4 CIT		- ZIP			1 1 4 4 7 7
	SCOKL IAKI			2.1 TITLE 2.2 NAME			L. Chango	E Addition
NAME MARI STREEL ADORESS (1299				2.2 NAME 2.3 STREET ADDRESS				
l —	04474 51 00004			2. 4 CITY-ST-ZIP				
	VICE-PRESIDENT DELETE 31				1-211		Change	Addition
• l. ·				VIE				
STREET ADDRESS 8251				REET /	ADDRESS	•		
	l			Y-51	T - ZIP			
	TREASURER DELETE 4.11			•••••			Change	e 🔲 Addition
NAME ROSA	LINA APARECID	A LORCA	4. 2 NA	ME				
STREET ADDRESS 8251	NW 66TH STRE	ET	4.3 STF	KET A	ADDRESS			
OTY STAR MIAM	II FL, 33166		4.4 CIT		- ZIP			
1 (1)	,	☐ DELETE	5.1 TITI				□ /// /ge	Addition
NAME			5.2 NA				4/1	المدرالا
STREET ADORESS					ADDRESS		/ []	41444
{31 V \$1 - 765		DELETE	5.4 CIT		- ZIP		-/N	110
104		ן טנונינ	6.1 TITI			900002152	U/Changi □ 등 :∃	af LJ Addition
HAM!			6.2 NA		1000000	900002152 -04/23/9701100	022	
\$90 CLA (09:55)					ADDRESS.	***165,00		
00Y St-7+ 14. Loo hereby certily	v that the A formation supplied	with this filing does not quali	6.4 CIT fy for the e				further certify th	at the
information indica	ted on to annual report or su	pplemental annual report is t	rue and a	ccui	rate and that	in Section 119.07(3)(i), Florida Statutes. I my signature shall have the same legal eff	ect as if made i	under oath; tha

Tani w. office or director of the corporation of the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bigu. 13 if changed, or on an attachment with an afforess.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR