**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90066 016 \*\*\*150.00

			-		
DOCU	MENT # P95000024742		<u> </u>		
1. Corporation Name HOMELAND U.S.A., INC.					
HOWELF	RIND CIGIAI, INC.		I SANDERNI ALO IGNOLONISI ARRIGANIS AND IN CANTA	(1811) 818(( 1884) 1	EIRIG II GA IGRI
Principal Place	e of Business Mailing Address		- I 16003001 510 10101 91111 90115 00151 00311 09111	11811 81811 18811 1	BIBIO 1181 1881
- 8251 - N.W 66T1					
-MIAMI FL 3316			DO NOT WRITE IN THE	CDACE	
			DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed	SPACE	
			03/28/1995		
2. Principal Pl	lace of Business		4. FEI Number	Apr	plied For
21 2013	- i - i\	3 (st Alumn	65-0567507	Not	t Applicable
Suite, Apt.	7 9 9 9		5. Certifcate of Status Desired	\$8.75 A	
22	27		J. Commence of Otelog 2001100	Fee Red	<u>·                                     </u>
Gity & State		1 (1	6. Election Campaign Financing	\$5.00	
23 /2~~~`		Country	Trust Fund Contribution	Added to	o Fees
zip 33	009 [25] USA 29 3009 30	7 A	This corporation owes the current year Interpretation     Personal Property Tax.		□No
24 - 0	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent	
		81 Name			
	ITI, ANTONIO D	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	9 S.E. 7TH AVENUE #12-202		,		
DAN	IIA FL 33004	83			
		84 City		85 Zip C	ode
			FL	i	rogistorad
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 ai	m familiar with, and accept the obligations of, Section 607.0505, Florida	a Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	<b>VP</b> □ DELETE	1.1 TITLE		☐ Change	Addition
NAME	LORCA, CLAUDIO	1.2 NAME			
STREET ADDRESS	8251 N.W. 66TH STREET	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP			C Addition
TITLE	P DELETE	2.1 TITLE		☐ Change	Addition
NAME	CONTI, ANTONIO	2.2 NAME			
STREET ADDRESS	1299 S.E. 7TH AVENUE #12-202	2.3 STREET ADDRESS			ļ
CITY-ST-ZIP	DANIA FL 33004 S DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change	Addition
NAME	MARCHIANI, MARIO	3.1 NAME	·		
STREET ADDRESS	4440 0 5	3.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004	3.4. CITY-ST-ZIP		•	
TITLE	T □ DELETE	4.1 TITLE		☐ Change	Addition
NAME .	LORCA, ROSALINA A	4. 2 NAME			
STREET ADDRESS	8251 NW 66TH STREET	4.3 STREET ADDRESS			
SITY-ST-ZIP	MIAMI FL 33166	4.4 CITY-ST-ZIP			
TITLE	— <del>D</del> — □ DELETÉ	5.1 TITLE		☐ Change	☐ Addition
NAME	-MARTINS, JORGE	5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS	1090 NW 126 AVE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
CITY-ST-ZIP	SUNRISE FL 99923	6.1 TITLE		☐ Change	Addition
TITLE NAME	ت مورورو	6.2 NAME			_
NAME STREET ADDRESS		6.3 STREET ADDRESS			
I OLIKEELADDKESSI	1				

14. I 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 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP