

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000026181 (4)**

1. Corporation Name  
**USTA ENTERPRISES, INC.**



Principal Place of Business: **10149 COSTA DEL SOL BLVD. MIAMI FL 33178**  
Mailing Address: **10149 COSTA DEL SOL BLVD. MIAMI FL 33178**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/03/1995</b>   | 3a. Date of Last Report                                |
| 4. FEI Number<br><b>65-0569024</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>AMERILAWYER<br/>343 ALMERIA AVE.<br/>CORAL GABLES FL 33134</b> | 10. Name and Address of New Registered Agent |
| 81. Name   |  |
| 82. Street Address (P.O. Box Number is Not Acceptable)   |  |
| 83. City   |  |
| 84. State  | 85. Zip Code                                 |

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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 607.0706, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

|                            |                                  |   |      |
|----------------------------|----------------------------------|---|------|
| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |      |
| TITLE                      | NAME                             | TITLE   | NAME |
|                            | <b>P LOCKE, C. THOMAS</b>        |   |      |
| STREET ADDRESS             | <b>10149 COSTA DEL SOL BLVD.</b> |   |      |
| CITY-ST-ZIP                | <b>MIAMI FL 33178</b>            |   |      |
| TITLE                      | NAME                             |   |      |
|                            |                                  |   |      |
| STREET ADDRESS             |                                  |   |      |
| CITY-ST-ZIP                |                                  |   |      |
| TITLE                      | NAME                             |   |      |
|                            |                                  |   |      |
| STREET ADDRESS             |                                  |   |      |
| CITY-ST-ZIP                |                                  |   |      |
| TITLE                      | NAME                             |   |      |
|                            |                                  |   |      |
| STREET ADDRESS             |                                  |   |      |
| CITY-ST-ZIP                |                                  |   |      |
| TITLE                      | NAME                             |   |      |
|                            |                                  |   |      |
| STREET ADDRESS             |                                  |   |      |
| CITY-ST-ZIP                |                                  |   |      |

**V AL AGRAWAL**  
**5440 S.W. 148 PLACE**  
**MIAMI, FL 33185**

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 119.071(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 appointed to administer 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]* **(AL AGRAWAL)** 3/26/96 <sup>(305)</sup> 994-7736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREE034 (12/95)