

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED AND FILED 1012

1997 JUL 18 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000030256 (8)

1. Corporation Name
USMS, INC.

Principal Place of Business
1172 S DIXIE HWY
SUITE 332
CORAL GABLES FL 33146

Mailing Address
1172 S DIXIE HWY
SUITE 332
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/13/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0576621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 220 Miracle Mile Suite, Apt. #, etc. 22 214 City & State 23 Coral Gables FL Zip 24 33134	2a. Mailing Address 26 220 Miracle Mile Suite, Apt. #, etc. 27 214 City & State 28 Coral Gables FL Zip 29 33134	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent
KELLY C. HOUGH-STURMTHAL
1172 S DIXIE HWY
SUITE 332
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 214 84 City 85 Zip Code
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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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Kelly C. Hough-Sturmthal* DATE 7/15/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, JERRY L	1.2 NAME	Hough, Jerry L.
STREET ADDRESS	1172 S DIXIE HWY	1.3 STREET ADDRESS	220 Miracle Mile, Suite 214
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, PAULA U	2.2 NAME	Hough, Paula U
STREET ADDRESS	1172 S DIXIE HWY	2.3 STREET ADDRESS	220 Miracle Mile, Suite 214
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, DAVID M	3.2 NAME	Hough, David M
STREET ADDRESS	1172 S DIXIE HWY	3.3 STREET ADDRESS	220 Miracle Mile, Suite 214
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY C. HOUGH-STURMTHAL	4.2 NAME	Kelly C. Hough-Sturmthal
STREET ADDRESS	1172 S DIXIE HWY	4.3 STREET ADDRESS	220 Miracle Mile, Suite 214
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 changed, or on an attachment with an address.

CR2E034 (4/97)

✓ USMS, Inc.

220 Miracle Mile, Suite 214
Coral Gables, FL 33134-5909

2012
phone: 305-445-1995
facsimile: 305-445-4546

Tuesday, July 15, 1997

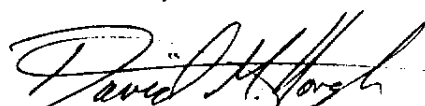
Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations:

Enclosed is our "Profit Corporation Annual Report" for 1997 . The first notice we received for this report was on July 14, 1997 (stating that it was our second notice). As per instruction from your representative, Jim (904-488-9000), I am sending in the fee payment of \$165.00 and considering this to be our first notice.

Also, please update your records with our new address. You may contact our office at the number above if you have any questions. Thank you for your assistance.

Sincerely,
USMS, Inc.


David M. Hough