**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000064650

1. Corporation Name

U.S.A. ASSET HOLDING, INC.

Principal Place of Business	Mailing Address
7680 REPUBLIC DR. SUITE 110	7680 REPUBLIC DR. SUITE 110
ORLANDO FL 32819	ORLANDO FL 32819

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90077 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/16/1995

2. Principal Pl	ace of Business	2a. Mailing Address			4	. FEI Numb	ег			Арр	lied For
21 P.O.	Box 691598 -	26 P.O. BOX	691	598	'	59-3363	258			Not	Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · ·	5. Certifcate of Status Desired				\$8.75 Additional		
22		27			"	. Certificate	or Status	Desired (		Fee Req	uired
City & State City & State				_	6	. Election C	ampaign	Financing ,		\$5.00 N	fav Be
23 DRIA	NDO FU	28 ORIANDO		FZ		Trust Fund				Added to	Fees
Zip _ Country Zip Cour					8	. This corpo	ration ow	es the current	t year Ir	ntangjble	
<u>7</u> 328	69 25	29 32869 30				Personal F	Property T	ax.		Yes [	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											
8											
DIAMOND, KEITH D 46 S.W. FIRST STREET SUITE 400			82	82 Street Address (P.O. Box Number is Not Acceptable)							
			62	02 Street Address (F.O. DOX Hamber is Not Acceptable)							
			83	83							
MAN	/II FL 33130										
			84	City	´ <b>                                     </b>						
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											
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.0505, Florida S	Statutes.	uie corpor	-auona L	ward or unet	AUIO, I INC	noby accept t	c appt		
SIGNATURE											
SIGNATURE	Stgnature, typed or printed name of registered agent a	and title if applicable (NOTE: Regist	tered Agent	signature rec	quired when				DATE		
12.	OFFICERS AND		13.			ADDITIONS	CHANG	ES TO OFFIC	CERS A	ND DIRECTOR	
TITLE	D	DELETE 1	I.1 TITLE							Change	☐ Addition
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ΠΤLE	SD	☐ DELETE 2	2.1 TITLE							Change	☐ Addition
NAME	LADHA, NAVEEN	1 2	2.2 NAME		_		_			70	
STREET ADDRESS			2.3 STREET	ADDRESS	902	0 E	A-STY	ERLING	5- -	DROE	
CITY-ST-ZIP	ORLANDO FL 32819	2.4		Γ-ZIP	ORG	ANDO	2	FL	• ;	\$19 Achange DRUE 32819	
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NAME	32 N		3 2 NAME								
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TITLE			4.1 TITLE							Change	☐ Addition
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET	ADDRESS							
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TITLE			5.1 TITLE							☐ Change	☐ Addition
NAME	•	: 5	5.2 NAME								
STREET ADDRESS			5.3 STREET	ADDRESS			•				
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CITY-ST-ZIP	at about the information continuous side				in Contin	- 440 07/2)	(i) Elevido	Ctatutas 16	utbor o	ertify that the in	formation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Therefore 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, with all other like empowered.

SIGNATURE: