## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065842 (3) 1. Corporation Name

HAUSDORF USA, INC.

	JOHN OUAL INO							
Principal Plac	e of Business	Mailing Address				1 10021001 110 (8101 011)1 60116 06111 00111 00110 0	11 <b>0</b> 1 01103 10111 0	1818 (181 (881
4801 SOUTHWEST 127TH COURY 4801 SOUTHWEST 127TH MIAMI FL 33175 MIAMI FL 33175						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
						08/25/1995		
2. Principal Place of Business 2e. Mailing Address						4. FEI Number	A	pplied For
21 26				_		65-0605380	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional
27						b. Certificate of Status Desired	Fee P	Required
City & Stat	le	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Žíp	L	ıntry		8. This corporation owes or has paid the cu		
24	25	29	30			<u> </u>	77	<u> </u>
	9. Name and Address of Curr	ent Registered Agent		ļ		10. Name and Address of New Registered	Agent	
M/	ARTI, PATRICIA N			81	Name			
4801 S.W. 127TH CT.				82 Street Addres		dress (P.O. Box Number is Not Acceptable)	<del></del>	
MIAMI FL 33174				Ш				
				83				
				84	City		85 Zip	Code
				`		Fl	_   ` '	
11. Pursuant office or agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, Florida Statu te of Florida. Such change was igations of, Section 607.0505, F	utes, the a authorize lorida Sta	bove d by tutes	e-named cor the corpora s.	poration submits this statement for the purpose a ation's board of directors. I hereby accept the ap	of changing pointment as	its registered s registered
SIGITATORE	Signature, typed or printed name of registered a	ignit and title if applicable. (NO	TE: Registere	d Age	ot signature requ	ulred when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELETE	1.1 Ti	TLE			☐ Change	Addition
NAME	MARTI, ENRIQUE		1.2 N	AME	1			
STREET ADDRESS 4801 SOUTHWEST 127TH COURT			1.3 S	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33175		1.4 0	TY-S	T-ZIP			
TITLE	VD	☐ DELETE	2.1 TITI				Change	Addition
NAME	VILA, MODEST		2.2 N	2.2 NAME				
STREET ADDRESS	4801 SOUTHWEST 127TH	COURT	2.3 \$	TREET	address			
CITY-ST-ZIP	MIAMI FL 33175		2.40	2. 4 CITY-ST-ZIP				
TITLE		DELETE	311	TLE			Change	Addition
NAME			32 N	AME				
STREET ADDRESS	1		3.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP			3,4. 0	aty-s	T-ZIP			
TITLE		DELETE	4.1 TI				Change	Addition
NAME			4.2 N	IAME	1			
STREET ADDRESS	1		4.3 \$	TREET	ADDRESS			
CITY-ST-7IP	1			ITV - S'				

14. Thereby 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 and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the rece

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

SIGNATURE.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

E MADE! 04-

04-23-98

1205)223-338?

Change

Addition

Addition

**FILED** 

May 14 1998 8:00am

Secretary of State