FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000067841 (3)**

1. Corporation Name
A D M USA, INC.

Principal Place of Business	Mailing Address
9843 NOBHILL COURT SUNRISE FL 33351	9843 NOBHILL COURT SUNRISE FL 33351

3. Date Incorporated or Qualified: **09/01/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 19110 NW 44th COURT
22 Suite, Apt. #, etc.
23 City & State: SUNRISE, FL.
24 Zip: 33351 25 Country: USA

2a. Mailing Address
26 4980 NW 16th STREET
27 Suite, Apt. #, etc.
28 City & State: LAUDERHILL, Florida
29 Zip: 33313 30 Country: USA

4. FEI Number: 65-0608016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, AARON JR
105 AVENUE T NW
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name: WILLIAM S. ROSE
82 Street Address (P.O. Box Number is Not Acceptable): 4980 NW 16th STREET
83 LAUDERHILL
84 City: FL 85 Zip Code: 33313

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: William S. Rose 4-14-96
Signature, typed or printed name of registered agent and title if applicable — (New) Registered Agent's signature required when not stating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSE, WILLIAM S 4980 NW 16TH ST LAUDERHILL FL 33313	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WARFIELD, ALBERT 9843 NOBHILL CT SUNRISE FL 33351	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP WARFIELD, ALBERT 19110 NW 44th court SUNRISE, FL 33351	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	900001E:19469 -05/14/96--01009--004 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 119.07(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 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.

SIGNATURE: William S. Rose 4-14-96 (954) 484-9564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #