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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072228 (6)

UNITED SALVAGE ASSOCIATION USA, INC.

Principal Place of Business

Mailing Address

FILED

97 OCT 27 AM 9: 24

SECRETARY OF STATE TALLAHASSEE, PLORIDA



9000 CORAL WAY #223 MIAMI FL 33165		8000 CORAL WAY #223 MIAMI FL 33165				
Į						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 3a. Date of Last Report
						09/19/1995 02/15/1996
Principal Place of Business 2a. Mailing Address						4. FEI Number 7EL -65-0788172 Applied For
216500 N.W. 82 DUE: 26						APPLIED FOR Not Applicable
Suite, Apt.	omi Fl.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Regulred Fee Regulred
City & State	33166	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 33	$33/66$ 25 $0.5 \cdot 0.5$ 210 $0.5 \cdot 0.5$ 30			try		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
COSCULLUELA, MIGUEL				31	Name	
4363 SW 96 AVENUE MIAMI FL 33165				2	Street #	Address (P.O. Box Number is Not Acceptable)
MILE	MI FL 33103		E	33		· · · · · · · · · · · · · · · · · · ·
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]6	34	City	FL 85 Zip Code
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						
DIGITATIONE	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registered /	\gon	it signature r	required when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITL		,	Change L Addition
NAME	COSCULLUELA, MIGUEL		1.2 NAM	lΈ	h	200002333332·9 -10/29/9701131024
STREET ADDRESS 4363 SW 96 AVENUE			1.3 S1RE	1.3 STREET ADDRESS		-10/29/9701131024
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY	- \$1	-ZIP	****550.00 <u>**</u> ***550.00
TITLE		☐ DELETE	2.1 TITUE	Ē	l	☐ Change ☐ Addition
NAME			2.2 NAM	IE.	ŀ	
STREET ADDRESS			2.3 STRE	ET A	ADDRESS	
CITY-ST-ZIP			2.4 CITY	/- \$1	i - ZIP	
TITLE		☐ DELETE.	3.1 TITLE		ŀ	☐ Change ☐ Addition
NAME			3.2 NAM	E	ļ	
STREET ADDRESS			3.3 STRE	ET A	ADDRESS	
CITY-ST-ZIP			3.4, CITY	-ST	i-2(P	
TITLE		☐ DELETE	4.1 1/TLE		ļ	Change Addition
NAME			4.2 NAM	Æ	- 1	
STREET ADDRESS			4.3 STRE	ET A	ADDRESS	
CITY-ST-ZIP			4.4 CHY	-\$1	- ZiP	
TITLE DELETE			5.1 TITLE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAM	Ε		~
STREET ADDRESS			5.3 STRE	ET A	DDRESS	
CITY-ST-ZIP			5.4 CITY	- \$1-	- ZIP	\sim \sim \sim \sim
TITLE		DELETE	6.1 TITLE			Addition
NAME			6.2 NAM	E	İ	\(\sum_{\substack}\)
STREET ADDRESS			6.3 STRE	ET A	DDRESS	W J
0.00 07 3/0			6 4 6(1)			\sim

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 of 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.

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