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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076920

U.S.A. Marketing Improvements Inc

Principal Place of Business

Mailing Address

4134 Gulf of Mexico Drive Suite 302 Longboat Key, F1 34228

	LE 302						
Longboat Key, Fl 34228					3. Date Incorporated or Qualified		
_	• •	_			Oct 9/95	04/15/96	
2. Principal Place of Business		2a. Mailing Addr	ess		4. FEI Number	Applied For	
21		26			65-0654069	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #.	etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			67 Octanicate of States Busined	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Co	untry	8. This corporation has liability fo	r intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes	X Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				81 Name Sa	leem Khan		
						able)	
				L	ess/P.O.Box Number is Not Accepte 34 Gulf of Mexic	o'Drive	
				83 Su	ite 302		
				84 City T.O		■ 85 Zjp/Cydy o	
				Г., г.	ongboat Key	FL 85 342228	
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida	da Statutes, the a	above-named corp	poration submits this statement for the	purpose of changing its registered	
agent. I a	egistered agent, or bottl, in the Sta m familiar with, and accept the obl	ite of Florida. Such chart ligations of, Section 607.	ge was aumorize 0505, Florida Sta	ed by the corporat stutes.	ion's board of directors. I hereby acc	ept the appointment as registered	
SIGNATURE			· S	aleem Kh	an, President	Aug 21, 1997	
SIGNATURE	Signature, typod or printed name of registered a	agent and title if applicable	(NOTE Register	od Agent signature requir			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	President	☐ DE	LETE 111	TITLE		Change Addition	
NAME	Saleem Khan		121	NAME	5000022784750 -08/27/9701067004 ****165.00_*****165.00		
STREET ADDRESS	Date 305		e 135	STREET ADDRESS	-08/27	7797nins7nn4	
CITY-ST-ZIP	Longboat Key,	F1 34228	1.4 (CITY-ST-ZIP		65.00 *****165.00	
TITLE		☐ D€	LETE 2.1 T	TITLE	_	☐ Change ☐ Addition	
NAME			2.21	NAME			
STREET ADDRESS			2.3 5	STREET ADDRESS			
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NAME			321	NAME			
STREET ADDRESS			335	STREET ADDRESS)	
CITY-ST-ZIP			3.4.	CITY - ST - ZIP			
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NAME			4. 2	NAME			
STREET ADDRESS			4.3 \$	STREET ADDRESS			
CITY-ST-ZIP			4.4 (DITY - ST - ZIP		}	
TITLE		DD DI				☐ Change ☐ Addition	
NAME			521	NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY - S1 - ZIP		ŀ	
TITLE	,	☐ DE				Change Addition	
NAME	1		4	√AME		_ • • -	
HOME			0.2	ir uric	10.6		

STREET ADDRESS

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.

SIGNATURE:

Saleem Khan

Aug 21, 1997

APPROVED

AND

FILED

97 AUG 25 AM 7: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA