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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000080690 (7)

rincipal Place of Business	Mailing Address			
201 ALHAMBRA CIRCLE #502	201 ALHAMBRA CIRCLE #502			
CORAL GABLES FL 33134	CORAL GABLES FL 33134			

FILED Mar 06 1998 8:00am Secretary of State

USA OI	N LINE, INC.						######################################
Principal Place	e of Business	Mailing Add	tross				IBIRI BOOID DAIID IBIAK OOAK KOOK
201 ALHAMBE	RA CIRCLE #502	201 ALHAM	IBRA CIRCLE #	502			
CORAL GABLES FL 33134 CORAL GABLES FL 33134					DO 110-11-11-11-11-11-11-11-11-11-11-11-11-		
						DO NOT WRITE IN TH	IS SPACE
						3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing /	Address			10/20/1995 4. FEI Number	Applied For
21		26				65-0625893	Not Applicable
Suite, Apt	#, etc	Suite, Ap	ot #, etc.				\$8.75 Additional
22	· 	[27]				5. Certificate of Status Desired	Fee Required
City & State	е	City & St	late			8. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Count	***	Trust Fund Contribution	Added to Fees
24	25	2(p)	<u> </u>	30	, y	8. This corporation owes or has paid the	
24	g. Name and Address of Curre			30]		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
RAI	PPORT, STEPHEN R			8	1 Name		
	ALHAMBRA CIRCLE			8	2 Stroot Adv	trong (D.O. Boy Number In New Assessment	
#71				°	Z SIFER AGO	dress (P.O. Box Number is Not Acceptable)	
CO	RAL GABLES FL 33134			8:	3		
				8	1 City		
			,		7	F	85 Zip Code
11. Pursuant to office or reagent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the obli	502 and 607.1508, I te of Florida. Such o gations of, Section	Florida Statute change was ai 607.0505, Floi	is, the ator uthorizet b rida Statite	ve-named cor by the corpora as.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE							
	Signature, typod or printed name of repedental at		(NOTE		gent signature raqu	ired when reinstating) DATE	
12.	PD OFFICERS AF	ND DIRECTORS	DELFTE	13.		ADDITIONS/CHANGES TO OFFICERS A	
NAME	BEYTIA, GONZALO E	_		1.2 NME			Change Addition
STREET ADDRESS	7230 NW 31 ST				1 ADDRESS		
CITY-ST-ZIP	MIAMI FL			i	ST-ZIP		į
TITLE			DELETE	2.1 T			☐ Change ☐ Addition
NAME				2.2 N			C. Criange C. Francisco
STREET ADDRESS				2.3 \$	T ADDRESS		
CITY-ST-ZIP				2.4	ST-ZIP		
TITLE		I	DELETE	3.1			Change Addition
NAME				3.2			
STREET ADDRESS				3.3	I ADDRESS		
CITY-ST-ZIP					ST-7IP		
TITLE		L	DELETE	4.1			Change
NAME				4. 2			
STREET ADDRESS				4.3 \$ 1	ADDRESS		
CITY-ST-ZIP			DELFTE		ST-ZIP		
TITLE		L		5.11			☐ Change ☐ Addition
NAME				52 N E	IDDATAS		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE			DELETE	5.4 O - S 6.1 TE	I - ZIP		Change Addition
NAME		L		6.2 ME			☐ Change ☐ Addition
STREET ADDRESS		•			ADDRESS		
				6.4/Y-S			
City-St-ZiP	certify that the information supplied	with this filing does	not qualify for			Section 119.07(3)(i) Florida Statutes (further of	actifus that the information

indicated on this annual report or supplied will this hing kees not quality for its emption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is rue and accurate that it is that have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to executions 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 any oldress.

03-02-98 (305) 418-5052