SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000091030 (3)

1. Corporation Name

U.S.A. INVESTIGATIONS SERVICES, INC.

Principal Place of Business	Mailing Address
2320 N MIAMI AVE MIAMI FL 33127	2320 N MIAMI AVE MIAMI FL 33127

3. Date Incorporated or Qualified: 11/30/1995
3a. Date of Last Report: 11/1995
4. FEI Number: 65-0654543 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2390 N.W. 7 st	26
Suite, Apt. #, etc: 22 Suite 202	Suite, Apt. #, etc: 27
City & State: 23 Miami Fla	City & State: 28
Zip: 24 33125 — Country: 25 Dade	Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent

AGUIAR, JERRY
2320 N MIAMI AVE
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 Richard A Dickson — 08/01/1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☐ DELETE
NAME	AR, JERRY A	
STREET ADDRESS	2320 N MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director Vice President	☐ Change ☒ Addition
1.2 NAME	Myriam Dickson	
1.3 STREET ADDRESS	2600 S.W. 10 ST	
1.4 CITY-ST-ZIP	Miami, Fl 33135	
2.1 TITLE	Director Treasurer	☐ Change ☒ Addition
2.2 NAME	Richard A Dickson	
2.3 STREET ADDRESS	2600 S.W. 10 ST	
2.4 CITY-ST-ZIP	Miami, Fl 33135	
3.1 TITLE	Osorio Perez - Director Secretary	☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS	2390 N.W. 7 ST #202	
3.4 CITY-ST-ZIP	Miami Fl 33125	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard A Dickson — 06/07/96 (305) 644-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)