

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.)

FILED
Sep 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000091809 (0)**

1. Corporation Name

U.S.A. INTERTRADE GROUP, CORP.



Principal Place of Business

Mailing Address

**7366 N.W. 12TH STREET
MIAMI FL 33126**

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MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/30/1995

05/01/1996

4. FEI Number

65-0627023

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3809 NW 36th STREET

26 P.O. BOX 820205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

MIAMI - FLORIDA

27 City & State

PEMBROKE PINES - FL

23 Zip

33142

Country

28 Zip

33082

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ, CRISTINA P
2311 S.W. 89TH COURT
MIAMI FL 33165**

81 Name

FERNANDEZ, CRISTINA

82 Street Address (P.O. Box Number is Not Acceptable)

1365 STILLWATER DR.

83

\$

84 City

MIAMI BEACH

FL

85 Zip Code
33141

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PSD
CALARESE, ROBERT
STREET ADDRESS
531 NW 205TH AVENUE
CITY-ST-ZIP
PEMBROKE PINES FL 33029

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
PS-D
CALARESE ROBERT
1.3 STREET ADDRESS
531 NW 205th AVE.
1.4 CITY-ST-ZIP
PEMBROKE PINES - FL 33029

TITLE ☒ DELETE

NAME
STD
BELTRAME, ALDO J
STREET ADDRESS
1931 NW 188TH AVENUE
CITY-ST-ZIP
PEMBROKE PINES FL 33029

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
VP-D
TADDEO RUBEN
2.3 STREET ADDRESS
5081 SW 154th PLACE
2.4 CITY-ST-ZIP
MIAMI - FL 33185

TITLE ☐ DELETE

NAME
TRSD
TADDEO CARLOS
STREET ADDRESS
5081 SW 154th PLACE
CITY-ST-ZIP
MIAMI - FL 33185

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
TADDEO CARLOS
3.3 STREET ADDRESS
5081 SW 154th PLACE
3.4 CITY-ST-ZIP
MIAMI - FL 33185

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
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 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; and that I am authorized 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 in an attachment with an address.

CR2E034 (4/97)