


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90090 034 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P95000092008</i>					
1. Corporation Name <i>U.S. International Real Estate, Inc.</i>					
Principal Place of Business <i>536 SW Aster Rd</i>		Mailing Address <i>Same</i>			
<i>Port St Lucie, FL 34953-2903</i>					
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <i>11-30-1995</i>	
22 City & State		27 City & State		4. FEI Number <i>65-0621751</i>	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <i>Mark E Philipp</i> <i>536 SW Aster Rd</i> <i>Port St Lucie, FL 34953-2903</i>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
			85 Zip Code		
			FL		
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 <i>Mark E Philipp</i> <i>Mark E Philipp</i> <i>5-15-99</i> <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <i>President / Secretary</i>					
1.3 STREET ADDRESS <i>Mark E Philipp</i>					
1.4 CITY-ST-ZIP <i>536 SW Aster Rd</i>					
1.5 CITY-ST-ZIP <i>Port St Lucie, FL 34953</i>					
2.1 TITLE <input checked="" type="checkbox"/> DELETE					
2.2 NAME <i>Director</i>					
2.3 STREET ADDRESS <i>Helen Krevsky</i>					
2.4 CITY-ST-ZIP <i>1531 SE Port St Lucie Blvd</i>					
2.5 CITY-ST-ZIP <i>Port St Lucie, FL 34953</i>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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, with all other like empowered.

SIGNATURE: *Mark E Philipp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-99 *561-879-4846*
Date Daytime Phone #

CR2E034 (11/98)