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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000092237 (3)

|                                     | US DEVELOPMENT CO.  |  |  |   |   |
|-------------------------------------|---|--|--|---|---|
| Principal Place                     | e of Business   | Mailing Address  |  | 1 1984 684 184 10 (9) WHAT \$80 11 WHAT \$811   | 88318 18468 11848 11888 19441 1833 4881                             |
|                                     |   | 7913 N.W. 2ND ST.<br>Miami Fl 33126-8000   |  |   | •   |
|                                     |   |  |  | 3. Date Incorporated or Qualified   | 3a, Date of Last Report   |
|                                     |   |  |  | 12/05/1995  | 05/01/1996  |
|                                     | ace of Business   | 2a. Mailing Address  | *  | 4. FEI Number   | Applied For   |
| 21                                  |   | 26   |  | 65-0629723  | Not Applicable  |
| Suite, Apt                          | #, etc.   | Suite, Apt #, etc.   |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 22<br>City & State                  | E   | City & State   |  | 6. Election Campaign Financing  | \$5.00 May Be   |
| 23                                  |   | 28   |  | Trust Fund Contribution   | Added to Fees   |
| Ζιρ                                 | Country   | Zip  | Country  | 8. This corporation has liability for   |   |
| 24                                  | 25  | [29]   | 30   |   | Yes X No  |
|                                     | 9. Name and Address of Curr   | ent Hegistered Agent   | 81 Name  | 10. Name and Address of New Re  | gistered Agent  |
| MENUELU, NUMENU                     |   |  |  |   |   |
| 7913 N.W. 2ND ST.<br>MIAMI FL 33126 |   |  | 82 Street  | Address (P.O. Box Number is Not Acceptate   | ole)  |
| MIAN                                | NI FL 33120   |  | 83   |   |   |
|                                     |   |  |  |   |   |
|                                     |   |  | 84 City  |   | FL 85 Zip Code  |
|                                     | to the provisions of Sections 607.0<br>egistered agent, or both, in the Sta<br>in familiar with, and accept the obt | 502 and 607.1508, Florida Statule of Florida. Such change was agations of, Section 607.0505, F | ites, the above-named authorized by the corplorida Statutes. | corporation submits this statement for the poration's board of directors. I hereby accept | purpose of changing its registered of the appointment as registered |
| SIGNATURE                           | Segment of type differ printed movie of registerent.  | agent and site if applicable (NO   | TE Registered Agent signature                                | required when reinstating)  | DATE  |
| 12.                                 |   | ND DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFIC  |   |
| TITLE                               | PD HONERO   | L DELETE   | 1.1 TITLE  |   | Change Addition   |
| NAME                                | MERUELO, HOMERO<br>7913 N.W. 2ND ST.  |  | 1.2 NAME   |   |   |
| STREET ADORESS ONLY ST-7 P          | MIAMI FL 33126  |  | 1.3 STREET ADDRESS   |   |   |
| 10.1                                | STD   | DELETE   | 14 CITY - ST - ZIP<br>21 TITLE                               |   | Change Addition   |
| NAME                                | MERUELO, BELINDA  | boom a to the  | 2.2 NAME   |   |   |
| STREET ADDRESS                      | 7913 N.W. 2ND ST.   |  | 2.3 STREET ADDRESS   |   |   |
| CITY - ST - ZUP                     | MIAMI FL 33126  |  | 2. 4 CITY-ST-ZIP   |   |   |
| TILLE                               |   | DELETE   | 3.1 TITLE  |   | Change Addition   |
| NAME                                |   |  | 3.2 NAME   |   |   |
| STREET ALC/RESS                     |   |  | 3.3 STREET ADDRESS   |   |   |
| CITY 51-7m                          |   |  | 3.4. CITY - ST - ZIP   |   |   |
| 1:TLF                               |   | ☐ DELETE   | 4.1 TITLE  |   | Change Addition   |
| NAMI                                |   |  | 4 2 NAME   |   |   |
| STHEET ACCORESS                     |   |  | 4.3 STREET ADDRESS   |   |   |
| CHY-ST-ZIP                          |   | DELETE   | 4.4 CITY - ST - ZIP  |   | Change Addition   |
| FILE                                |   | □1 necele  | 5.1 TITLE  |   | CT change CT Wannon [   |
| NAME<br>STHEET ADDRESS              |   |  | 5.2 NAME<br>5.3 STREET ADORESS                               | v.  |   |
| CHY-St 7F                           |   |  | 5.4 CITY - ST - ZIP  |   |   |
| MILE AM                             |   | DELETE   | 6.1 TITLE  | :   | Change Addition   |
| NAM!                                |   |  | 62 NAME  | :   | -   |
| STREET ACCRESS                      |   |  | 63 STREET ADDRESS  | •   |   |
| CITY - ST - ZIP                     |   |  | 6.4 CITY-ST-ZIP  |   |   |

14. I do hereby certly 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 suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manager, or on an allachment with an address.

SIGNATURE:

. 3/31/97 (305)264-1424 Date Dayling Phone #

**FILED** 

Apr 08 1997 8:00am

Secretary of State