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**PROFIT** -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90034 031 \*\*\*150.00

DOCUMENT #	P96000003667
1. Corporation Name	

	U.S.A. BI	UYING OFFICE, INC			· · · · · · · · · · · · · · · · · · ·							
P	Principal Place	e of Business	Mailing Address	•			1					
1	IOO NE 192ND	STREET	3400 NE 192ND STREE SUITE 605	Т			İ					
	uite 605 Ventura FL 3	23190	AVENTURA FL 33180					DO NOT WRITE	IN THIS S	SPACE		
US		30.00	US				3.	Date Incorporated or Qualifed	_			
{ -	=							01/11/1996				}
	Principal Pl	tace of Business	2a. Mailing Address					FEI Number		Api	olied For	1
21								65-0634476		No	Applicable	1
1	Suite, Apt.	# etc.	Suite, Apt. #, etc.	Suite. Apt. #. etc.					<del></del>	\$8.75 A	dditional	Ϊ ΄
22		.,	27	•			5.	Certifcate of Status Desired	<b>_</b>	Fee Re	quired	
1	City & State		City & State				6	Election Campaign Financing		\$5.00	Mav Be	]
23	- ·	_	28				•	Trust Fund Contribution		Added to		
23	Zip	Country	Zip	Cou	untry		R	This corporation owes the curren	t year Inta	ngible		1
24	າ ່	25	29	30			•	Personal Property Tax.		Yes	□No	Ì
1	4	9. Name and Address of Current			T		10.	Name and Address of New Reg	istered A	gent		]
					81	Name						1
BLACHMAN, GUSTAVO						Our ex addes	(D	P.O. Box Number is Not Acceptable				
3400 NE 192ND STREET					82	Street Addre	ess (P	O. Box Number is Not Acceptable	<del>=</del> )			
	SUIT	E 605									_	1
	AVEN	NTURA FL 33180							_			4
1			2 and 607.1508, Florida St	atutes, the a	84 above	City	oration	n submits this statement for the pu	FL proose of c	85 Zip C		
	1 Pursuant	to the provisions of Sections 607.0507 egistered agent, or both, in the State of m familiar with, and accept the obligat	lions of, Section 607.0505,	Filina Stat	above d by t tutes.	<u>-named corpo</u> the corporation			. –	[-]		_ ا
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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 among 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME.

F SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED

☐ DELETE

Change

☐ Addition