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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000004923 (4)

1. Corporation Name

US 1 GLOBAL FINANCIAL SERVICES, INC.



Principal Place of Business

6245 NO. FEDERAL HIGHWAY FIFTH FLOOR
FORT LAUDERDALE FL 33308

Mailing Address

2500 N. FEDERAL HWY.
SUITE 307
FT. LAUDERDALE FL 33305-1618

3. Date Incorporated or Qualified
11/06/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2500 N. Federal Hwy

Suite, Apt. #, etc.

22 201

City & State

23 Fort Lauderdale, FL

24 33305

Country
25 USA

2a. Mailing Address

26 2500 N. Federal Hwy

Suite, Apt. #, etc.

27 201

City & State

28 Fort Lauderdale, FL

29 33305

Country
30 USA

4. FEI Number
65-0621850

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

9. Name and Address of Current Registered Agent

US 1 INVESTMENTS REALTY, INC.
6245 NO. FEDERAL HIGHWAY FIFTH FLOOR
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name DWK Investments, Inc
82 Street Address (P.O. Box Number is Not Acceptable)
2500 N. Federal Hwy
83 Suite 20
84 City Fort Lauderdale FL 85 Zip Code 33305

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P
NAME VOLKMAN, DIRKSEN (Volkman)
STREET ADDRESS 6650 NE 7TH AVE.
CITY-ST-ZIP BOCA RATON FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)