

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

FILED

Apr 15 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 # P96000009419 (8)

1. Corporation Name
U.S. A. INTERTRADE, INC.



Principal Place of Business
2450 HOLLYWOOD BLVD.
SUITE 202
HOLLYWOOD FL 33020

Mailing Address
2450 HOLLYWOOD BLVD.
SUITE 202
HOLLYWOOD FL 33020-8820

3. Date Incorporated or Qualified
01/30/1996

3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

4. FEI Number
65-0651866

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
CARY, FREDERICK A
500 EAST BROWARD BLVD.
SUITE 1050
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent
81 Name
GOMEZ, AURORA
82 Street Address (P.O. Box Number is Not Acceptable)
2450 Hollywood Blvd. Suite 202
83
84 City
Hollywood FL 85 Zip Code
33020

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 Aurora Gomez *Aurora Gomez* DATE 4/3/97
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CECIARELLI, ANGELO | |
| STREET ADDRESS | 2450 HOLLYWOOD BLVD. SUITE 202 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CALDERONE, GIUSEPPE | |
| STREET ADDRESS | 2450 HOLLYWOOD BLVD. SUITE 202 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CECIARELLI, ANGELO | |
| 1.3 STREET ADDRESS | 20355 N.E. 34th Court Apt. 2722 | |
| 1.4 CITY-ST-ZIP | North Miami Beach, FL 33180 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | CALDERONE, GIUSEPPE | |
| 2.3 STREET ADDRESS | 10275 Collins Ave. Apt. 227-S | |
| 2.4 CITY-ST-ZIP | Bal Harbour, FL 33154 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Angelo Ceciarelli *Angelo Ceciarelli* DATE 4/3/97 (954) 927-8905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E034 (9/96)