

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
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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
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3. Date Incorporated or Qualified 01/30/1996		3a. Date of Last Report	
4. FEI Number 65-0651866		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	25 Country	28 Zip	30 Country

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	
		85 Zip Code FL 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**  DATE **4/3/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECIARELLI, ANGELO	1.2 NAME	CECIARELLI, ANGELO
STREET ADDRESS	2450 HOLLYWOOD BLVD. SUITE 202	1.3 STREET ADDRESS	20355 N.E. 34th Court Apt. 2722
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	North Miami Beach, FL 33180
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERONE, GIUSEPPE	2.2 NAME	CALDERONE, GIUSEPPE
STREET ADDRESS	2450 HOLLYWOOD BLVD. SUITE 202	2.3 STREET ADDRESS	10275 Collins Ave. Apt. 227-S
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Bal Harbour, FL 33154
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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**  DATE **4/3/97** (954) 927-8905

CP2E034 (9/96)