


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90175 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000015142

1. Corporation Name
USA MESSAGE, INC.

Principal Place of Business 2611 N. HIATUS ROAD SUITE 151 COOPER CITY FL 33026	Mailing Address 2611 N. HIATUS ROAD SUITE 151 COOPER CITY FL 33026
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0643922	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BENJAMIN, HAROLD 6208 PEMBROKE ROAD SUITE 151 MIAMI FL 33023				BONNIE S. MILLER CPA 10021 PINES BLVD SUITE 212 PEMBROKE PINES FL 33024	
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.				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	SHAPIRO, ALICE		
STREET ADDRESS	2611 N. HIATUS ROAD, #151	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
VD	FEDERICI, SANDRA		
STREET ADDRESS	2611 N. HIATUS ROAD, #151	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE *Bonnie S. Miller*

(NOTE: Registered Agent signature required when reinstating)

DATE *4/26/99*

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 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, with all other like empowered.	
---	--

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)