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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 30 1997 8:00am  
Secretary of State

DOCUMENT # P96000017549 (2)

1. Corporation Name

U.S.A. ASSET FOUR, INC.

Principal Place of Business

9020 ESTERLING DRIVE  
ORLANDO FL 32819

Mailing Address

9020 ESTERLING DRIVE  
ORLANDO FL 32819-4817

3. Date Incorporated or Qualified

02/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7680 REPUBLIC DRIVE 26 7680 REPUBLIC DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 110

27 SUITE 110

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32819

25

29 32819

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAMOND, KEITH D  
48 S.W. FIRST STREET  
SUITE 400  
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Sign (hand typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME LADHA, ISSA  
STREET ADDRESS 9020 ESTERLING DRIVE  
CITY-ST-ZIP ORLANDO FL 32819

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

2.1 TITLE S/T  
2.2 NAME NAVEEN LADHA  
2.3 STREET ADDRESS 9020 EASTERLING DRIVE  
2.4 CITY-ST-ZIP ORLANDO FL 32819

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 included 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

4/23/97 407 345 9960

Date

Daytime Phone #

0083440

CR2E034 (9/96)