

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000021748 (4)

1. Corporation Name

TRUST U.S.A. FINANCIAL CORP.



Principal Place of Business

Mailing Address

1515 NW 167TH ST. SUITE 430  
NORTH MIAMI BEACH FL 33169

1515 NW 167TH ST. SUITE 430  
NORTH MIAMI BEACH FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1996

4. FEI Number

65-0651638

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 1550 MIAMI GARDENS DR.

Suite, Apt. #, etc.

22 500

City & State

23 N. MIAMI BEACH, FL

Zip

24 33179

Country

25 DADE

2a. Mailing Address

26 1550 MIAMI GARDENS DR.

Suite, Apt. #, etc.

27 500

City & State

28 N. MIAMI BEACH, FL

Zip

29 33179

Country

30 DADE

9. Name and Address of Current Registered Agent

DAVIDSON, RON  
1515 NW 167TH ST, SUITE 430  
NORTH MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

81 Name

DAVIDSON, RON

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

1550 NE MIAMI GARDENS DR

83

SUITE 500

84

N. MIAMI BEACH

FL

85

Zip Code

33179

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

*Ron Davidson*  
Signature, typed or printed name of registered agent and title if applicable

RON DAVIDSON

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAVIDSON, HILA S  
STREET ADDRESS 1515 NW 167TH ST, SUITE 430  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE STD ☐ DELETE

NAME DAVIDSON, RON  
STREET ADDRESS 1515 NW 167TH ST, SUITE 430  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME DAVIDSON, HILA S  
1.3 STREET ADDRESS 1550 NE MIAMI GARDENS DR. #500  
1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME DAVIDSON, RON  
2.3 STREET ADDRESS 1550 NE MIAMI GARDENS DR. #500  
2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Ron Davidson*  
RON DAVIDSON

4/27/98

(35)949-0014

CR2E034 (10/97)