

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000023882** ✓

1. Corporation Name

U.S. FLORIDA VENTURES INC.

Principal Place of Business

**6187 N.W. 154 STREET
MIAMI LAKES FL 33014**

Mailing Address

**6187 N.W. 154 STREET
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26 **909 Jasmine St**
Suite, Apt. #, etc.

4. FEI Number

65-0668032

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 the current year
Intangible Personal Property.



Yes ☒ No

9. Name and Address of Current Registered Agent

**BRITO, LEONARDO F
8005 N.W. 155 STREET
SUITE B
MIAMI FL 33016**

10. Name and Address of New Registered Agent

81 Name

Andrew La Rosa

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

83 **909 Jasmine St.**

84 City **Celebration**

FL

85 Zip Code **34747**

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 607.0509, Florida Statutes.

SIGNATURE

Andrew La Rosa
Signature, typed or printed name of person signing and title if applicable. (If not a Registered Agent signature required when reinstating)

8/6/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **EDELMAN, KENNETH**
STREET ADDRESS **6187 N.W. 154 STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ DELETE
NAME **LAROSA, ANDREW**
STREET ADDRESS **6187 N.W. 154 STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ DELETE
NAME **TORRE, VENANCIO**
STREET ADDRESS **6187 N.W. 154 STREET**
CITY-ST-ZIP **MIAMI FL 33014**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

Andrew La Rosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/6/99 (407) 566-8289

0125638

CR2E034 (5/99)

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90020 025 ***558.75

