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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600040083

1. Corporation Name

PHOENIX GROUP USA, INC.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90012 024 ***158.75



	•						•		
	Duciness	Mailing Addr			1				
Principal Place of Business 0661 NE QUAYBRIDGE COURT MIAMI FL 33138						DO NOT WRITE I	IN THIS SPACE		
0661 NE QUAYBRIDGE COURT MIAMI FL 33138 IIAMI FL 33138			138			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
,,,,,,,	•				.	05/09/1996		<u> </u>	
			·			4. FEI Number		Applied	
	of Business	2a. Mailing	Address		l	65-0679083		Not App	
Principal Place	3 Of Briginess	26						75 Additi	
Suite, Apt. #,		Suite, A	pt. #, etc.		!	5. Certificate of Status Desired		e Require	
Suite, Apr. 11, 012.		27	27			6. Election Campaign Financing		.00 May	
City & State		├ ──1	City & State			Trust Fund Contribution Added to 1 000			
]	·	28		Country		8. This corporation owes the curren	ntyear intangible Yes⊟	d □ s	10
Zip	Country	}—₁ `	30			Personal Property Tax. 10. Name and Address of New Re			
	25	29 ant Registered A				10. Name and Address of New No.	<u>giose:</u>		_)
	9. Name and Address of Curr	ent Kegiotois		[]	Name			<u> </u>	
CALD		•		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	eve hair fil of it	6 Prof 18 1 5 5 755
GALBUT, HOWARD N 999 WASHINGTON AVENUE									19411141
999 V	BEACH FL 33139			83			18 114.14.2	Zip Cod	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	**	_		84	City		FL 85	l '	
				11		this statement for the C	ourpose of chang	ing its rec	jistered
والمداوات والماء	5.0- etiong 607 (1502 and 607 1508	3, Florida Statutes.	the above-	named corp	oration submits this statement accept on's board of directors. I hereby accept	the appointment	t as regisi	ereu
11. Pursuant to	the provisions of Sections 607.6	ate of Florida. Such	h change was author	orizea oy u	16 corporan	,,, <u>-</u>			-
	histered adelit, or bonn, in the	of Section	n 607 0505. Florida	Statutes.					
agent. I an	gistered agent, or both, in the oblin familiar with, and accept the oblin	ligations of, Section	n 607.0505, Florida	a Statutes.	·		DATE		
agent. I an	gistered agent, or both, in familiar with, and accept the obline	ligations of, Section	n 607.0505, Florida	gistered Agent	signature require	oration submits this statement for the pon's board of directors. I hereby accept divine reinstating).	FICERS AND DI	RECTUR) III 12
SIGNATURE	and as printed name of registered	agent and title if applicat	S (NOTE: Re	13.	signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	KEUTUR) III 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicate AND DIRECTOR	ile: (NOTE: Re	13.	signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	RECTUR) III 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS PTSD CALBIT JOYCE	agent and title if applicate AND DIRECTOR	S (NOTE: Re	13. 1.1 TITLE 1.2 NAME	signature require	d when reinstating). ADDITIONS/CHANGES TO OFF	FICERS AND DI	RECTUR) III 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PTSD CALBIT JOYCE	agent and title if applicate AND DIRECTOR	S (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE C	agent and title if applicate AND DIRECTOR	S NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	RECTUR	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PTSD CALBIT JOYCE	agent and title if applicate AND DIRECTOR	S (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	ADDRESS	d when reinstating). ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE C	agent and title if applicate AND DIRECTOR	S NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE C	agent and title if applicate AND DIRECTOR	S NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS - ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE C	agent and title if applicate AND DIRECTOR	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	ADDRESS - ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE C	agent and title if applicate AND DIRECTOR	S NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS - ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change	☐ Addition
SIGNATURE 12. TITLE. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE C	agent and title if applicate AND DIRECTOR	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS -ZIP ADDRESS TADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE COMIAMI FL 33138	agent and title if applicate AND DIRECTOR	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS -ZIP TADDRESS T ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change	Addition Addition
SIGNATURE 12. TITLE. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE COMIAMI FL 33138	agent and title if applicate AND DIRECTOR	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS -ZIP TADDRESS T ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change Change	Addition Addition
SIGNATURE 12. TITLE. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE COMIAMI FL 33138	agent and title if applicate AND DIRECTOR	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	ADDRESS -ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE COMIAMI FL 33138	agent and title if applicate AND DIRECTOR	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 TITLE 4.2 NAME	ADDRESS -ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change Change	Addition Addition
SIGNATURE 12. TITLE. NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE COMIAMI FL 33138	agent and title if applicate AND DIRECTOR	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 TITLE 4.2 NAME	ADDRESS -ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change Change	Addition Addition
SIGNATURE 12. TITLE. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE COMIAMI FL 33138	agent and title if applicate AND DIRECTOR	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5.1 TITLE	ADDRESS -ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change Change Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE COMIAMI FL 33138	agent and title if applicate AND DIRECTOR	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5.1 TITLE 5.2 NAME	ADDRESS -ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change Change	Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE CI	agent and title if applicate AND DIRECTOR	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ADDRESS -ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change Change Change	Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE CI	agent and title if applicate AND DIRECTOR	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY- 5.3 STREET 5.4 CITY- 5.4 CITY- 5.5 STREET 5.4 CITY-	ADDRESS -ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP ST-ZIP ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change Change Change Change	Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE CI	agent and title if applicate AND DIRECTOR	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 6.1 TITLE 5.4 CITY-S 6.1 TITLE	ADDRESS T ADDRESS T ADDRESS ST-ZIP T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change Change Change	Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE CI	agent and title if applicate AND DIRECTOR	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ADDRESS -ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DI	Change Change Change	Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTSD GALBUT, JOYCE 10661 NE QUAYBRIDGE CI MIAMI FL 33138	agent and title if applicate AND DIRECTOR	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAM 6.3 STREET 6.3 STREET 6.3 NAM 6.3 STREET 6.3 NAM 6.3 STREET 6.3 STREET 6.3 NAM 6.3 STREET 6.3 STREET 6.3 STREET 6.3 NAM 6.3 STREET 6.3 STREET 6.3 NAM 6.3 STREET 6.3 NAM 6.3 STREET 6.3 STRE	ADDRESS TADDRESS TTADDRESS	in Section 119.07(3)(i), Florida Statute sture shall have the same legal effect a equired by Chapter 607, Florida Statute	FICERS AND DI	Change Change Change Change	Addition Addition Addition Addition Addition

is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. i nereby certify that the information supplies with this annual report or suppliemental annual reflicer or director of the corporation or the receiver or trubleck 12 or Block 13 if changed, or on an attachment with

SIGNATURE: