FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 30 AM 6:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000048178 (3)**

1. Corporation Name
U.S.A. SUPERSTAR CONNECTION, INC.

Principal Place of Business	Mailing Address
4190 NW 43RD COURT LAUDERDALE LAKES FL 33319	4190 NW 43RD COURT LAUDERDALE LAKES FL 33319-3852

3. Date Incorporated or Qualified: 06/03/1996
3a. Date of Last Report: 4-30-97

2. Principal Place of Business
21: 4190 NW 43rd court
22: Suite, Apt. #, etc.
23: Lauderdale Lakes FL
24: Zip 33319 — 25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip — 30: Country

4. FEI Number: 65-0672598 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAGUERRE, EDEZE
4190 NW 43RD COURT
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name: Rodrigue Desmond
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4681 NW 10 ct Apt 204
84 City: Ft. Lauderdale — FL — 85 Zip Code: 33313

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: Rodrigue Desmond
Signature, 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 ☐ DELETE	1.1 TITLE	Rodrigue President ☐ Change ☐ Addition
NAME	LAGUERRE, EDEZE	1.2 NAME	
STREET ADDRESS	4190 NW 43RD COURT	1.3 STREET ADDRESS	4681 NW 10 ct
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33313
TITLE	Officer Vice President ☐ DELETE	2.1 TITLE	Secretary Vice President ☐ Change ☐ Addition
NAME	Rodrigue Desmond	2.2 NAME	Marie Carolle Laguerre
STREET ADDRESS	4681 NW 10 ct Apt 204	2.3 STREET ADDRESS	4190 NW 43rd
CITY-ST-ZIP	Ft. Lauderdale 33313	2.4 CITY-ST-ZIP	Laud. Lakes 33319
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Marie Carolle Laguerre	3.2 NAME	500002230595---2
STREET ADDRESS	4190 NW 43rd	3.3 STREET ADDRESS	-07/03/97--01127--004
CITY-ST-ZIP	Laud Lakes 33319	3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Marie Laguerre 4-30-97 522892