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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 21 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE

P96000050610 (0)

FIONA (U.S.A.), INC.

	(,				
Principal Pla	ice of Business	Mailing Address		i immerame tim imite dires duett mutig maile maile maile	salie suoi ilsii ssii 1881
500 WEST FLAGLER STREET		500 WEST FLAGLER STREET			
MIAMI FL 33130		MIAMI FL 33130		DO NOT WRITE IN THIS S	SPACE
				3. Date Incorporated or Qualified	
				06/13/1996	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0676734	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Z <sub>I</sub> p	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes \( \sqrt{No}\)
	9. Name and Address of Curre			10. Name and Address of New Registered A	
<u> </u>	VELAZQUEZ, VICTOR		81 Name		
	500 WEST FLAGLER STREET		82 Street A	ddress (P.O. Box Number is Not Acceptable)	·
1	MIAMI FL 33130	a .	oz Street A	doress (c.O. Dox Mariner is Not Acceptable).	
!			83		
			94 07	<u></u>	lock 7:- Code
			84 City	FL	85 Zip Code
11. Pursuan	t to the provisions of Sections 607.05	i02 and 607.1508, Florida St	atutes, the above-named o	corporation submits this statement for the purpose of	changing its registered
					ointment as registered
office or	registered agent, or both, in the State am familiar with, and accept the obli-	te of Florida. Such change w gatlons of Section 607.0505	as authorized by the corpo . Florida Statutes.	pration's poard of directors, I nereby accept the appr	cantinent as registeres
1		te of Florida. Such change w gatlons of, Section 607.0505	as authorized by the corpo , Florida Statutes.	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	outeriorit de registeres
office or agent. I SIGNATURE			as authorized by the corpo , Florida Statutes.	equired when reinstating) DATE	
1	Signature, typed or printed name of registered a OFFICERS A	gent and little if applicable.	(NOTE: Registered Agent signature re		DIRECTORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered a OFFICERS AI	gent and litte if applicable.	NOTE: Registered Agent signature re 13. 1.1 TITLE	equired when reinstating) DATE	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered a OFFICERS AID PENG, STEPHEN	gent and little if applicable.  ND DIRECTORS  DELETE	(NOTE: Registered Agent signature re  13.  1.1 TITLE  1.2 NAME	equired when reinstating) DATE	DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.)