PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPAR Katherii Secretari	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		STUDETARY OF STATE STYTETON OF CORPORATION		
DOCUMENT # P96000051025					99 JUL 06 PH 1: 26		
US AME	rican common marke	T, INC.					
Principal Place of Business Mailing Address 12460 S.W. 31 TERRACE P.O. BOX 654238 MIAMI FL 33175 MIAMI FL 33265				•	I () () () () () () () () () (
					3. Date Incorporated or Qualifed		
<u> </u>					06/14/1996		
2. Principal F	2. Principal Place of Business 2a. Mailing Address				4. FEI Number 65-0674880	h	oplied For of Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Conficate of Status Desired	\$8.75 Fee Re	Additional
	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24	Country 25	Zip	Country 30	·	This corporation owes the current year fr Personal Property Tax.	ntangible	[]No
<u>**1</u>	9. Name and Address of Curr			····	10. Name and Address of New Registered	Agent	
GONZALEZ, RAMON T 12460 S.W. 31 TERRACE MIAMI FL 33175 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stalute office or registered agent, or both, in the State of Florida. Such change was a			84	City	ress (P.O. Box Number is Not Acceptable) FI poration submits this statement for the purpose o	85 Zip (
agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such change was au igations of, Section 607.0505, Flori	thorized by the da Statutes.	e corporati	ion's board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered a		Registered Agent se	gnature require	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	RS IN 12
TITLE NAME	GONZALEZ, MAGALI M	L) beccie	1.2 NAME			_ ,	_
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s fot qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information is frue and accurate and that my signature shall have the same logal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in address, with all other like empowered Hereby certify that the information supply indicated on this annual report or supply officer or director of the corporation of the Block 12 or Block 13 if changed, or an an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed, or an annual report of the corporation of the Block 12 or Block 13 if changed in the Block 12 or Block 13 if changed in the Bl

62 NAME

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SIGNATURE: _

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CMY-ST-ZP

TITLE

NAME

BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

04-13-99 Date Daylor Prome Pro

Change

Addition