Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90143 028 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054449

USA PROPERTIES MANAGEMENT, INC.					
				1 10 E 11 O E	
Principal Place of Business Mailing Address				7 105/10/10/10	
3300 SW 3 STREET 3300 SW 3 STREET MIAMI FL 33135 MIAMI FL 33135					
1				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed 06/26/1996	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26			65-0676613	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5 Deruicate of States Section	Fee Required
City & State		City & State	\$ ***	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	50	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
1448	****** TERPO ! !		81 Name		
MARTINEZ, TERESA M			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
3300 SW 3 STREET			ou con non	555 (1:5: B5X (14.115)	
MIAMI FL 33135			83		
	•		84 City		85 Zip Code
	,				₹ <mark>L</mark> '
1 office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such channe was auf	honzed by the comoratio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ager		Registered Agent signature require		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PVST	☐ DELETE	1.1 TITLE		
NAME	MARTINEZ, TERESA M		1.2 NAME		
STREET ADDRESS	3300 SW 3 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33135		1.4 CITY-ST-ZIP	 	☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE		☐ Calange ☐ Addition
NAME	MARTINEZ, TERESA M	•	2.2 NAME	· · ·	
STREET ADDRESS	3300 SW 3 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33135		2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		C Change C Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP		——————————————————————————————————————	3.4. CITY-ST-ZIP		Change Addition
ਸTLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	•	٠ أ
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP		r=1 ===	4.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		P** _ ** ***	5.4 CITY-ST-ZIP		Change C Addition
Imme Si≨d	ए छ वदारी	□ DELETE	6.1 TITLE		☐ Change ☐ Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

3 4

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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THE PROGRAM

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