

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1999-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

*\* Amended \**

FILED

00 JUN -2 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058359

1. Corporation Name

6mi USA CORP.

Principal Place of Business

Mailing Address

see change  
↓

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/10/96

4. FEI Number

65-0690032

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

10125 N.W. 116th way

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley FL

27 City & State

Zip

33178

Country

25 USA

29 Zip

Country

30

9. Name and Address of Current Registered Agent

Henry Sanchez  
79-30 SW 95th Avenue  
Miami, FL 33173

10. Name and Address of New Registered Agent

81 Name Miguel Estremadoyro

82 Street Address (P.O. Box Number is Not Acceptable)  
11985 North Aviary Drive

83 700003309467--6

84 Cooper City 06/30/00-01014-006  
\*\*\*\*\*17.FL \*\*\*\*\*330260

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

TITLE

1.1 TITLE

PD Miguel Estremadoyro

NAME

1.2 NAME

11985 N. Aviary Dr

STREET ADDRESS

1.3 STREET ADDRESS

Cooper City 33026

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE

2.1 TITLE

VD Juan barrido

NAME

2.2 NAME

10125 N.W. 116th way

STREET ADDRESS

2.3 STREET ADDRESS

Medley, FL 33178

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

3.1 TITLE

TS D maria Cantrell

NAME

3.2 NAME

13752 N.W. 10th ct

STREET ADDRESS

3.3 STREET ADDRESS

Pembroke Pines, FL 33028

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

4.1 TITLE

Remove all others

STREET ADDRESS

4.2 NAME

Remove all others

CITY-ST-ZIP

4.3 STREET ADDRESS

700003309467--6

TITLE

5.1 TITLE

06/30/00-01014-005

STREET ADDRESS

5.2 NAME

\*\*\*\*\*43.75 \*\*\*\*\*43.75

CITY-ST-ZIP

5.3 STREET ADDRESS

TS

TITLE

6.1 TITLE

Remove all others

STREET ADDRESS

6.2 NAME

Remove all others

CITY-ST-ZIP

6.3 STREET ADDRESS

Remove all others

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/00 305 888 99 11

CR2E034 (11/98)