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FILED

Feb 10 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065342 (3)

1. Corporation Name

CEDAR U.S.A. INTERNATIONAL CORPORATION



Principal Place of Business

2255 SOUTH KIRKMAN ROAD #278
ORLANDO FL 32811

Mailing Address

2255 SOUTH KIRKMAN ROAD #278
ORLANDO FL 32811-2278

3. Date Incorporated or Qualified

08/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 5850 LAKEHURST ST. 150-6

2a. Mailing Address

26 5850 LAKEHURST DR. 150-6

4. FEI Number

59-3401145

Applied For

Not Applicable

Suite, Apt #, etc.

22 150-6

Suite, Apt #, etc.

27 150-6

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 ORLANDO FL.

City & State

28 ORLANDO FL.

6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees

Zip

24 32819

Country

Zip

29 32819

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRUMER, BARRY N ESQ
5728 MAJOR BOULEVARD #230
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

RUBEN D. TORO

82 Street Address (P.O. Box Number is Not Acceptable)

5850 LAKEHURST DR. STE. 150-6

83

84 City

ORLANDO

FL

85 Zip Code

32819

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

RUBEN D. TORO

02-03-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETEPD
NAME SILVA, CILAS
STREET ADDRESS 2255 SOUTH KIRKMAN ROAD #278
CITY - ST - ZIP ORLANDO FL 32811TITLE ☐ DELETESTD
NAME SILVA, ANA D
STREET ADDRESS 2255 SOUTH KIRKMAN ROAD #278
CITY - ST - ZIP ORLANDO FL 32811TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 or in an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

02-03-97

Date

(407) 370-6445

Daytime Phone

CR2E034 (9/96)