

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000066894 (2)**

1. Corporation Name  
**U.S. INTERMED INTERNATIONAL, INC.**



Principal Place of Business <b>103 LA COSTA STREET #A2 MELBOURNE BEACH FL 32951</b>	Mailing Address <b>103 LA COSTA STREET #A2 MELBOURNE BEACH FL 32951-3418</b>
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2. Principal Place of Business 21 <b>1421 SW 107 AVE #</b> Suite, Apt. #, etc. 22 <b>145</b> City & State 23 <b>MIAMI FL</b> Zip 24 <b>33174</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>1421 SW 107 AVE</b> Suite, Apt. #, etc. 27 <b>SUITE 145</b> City & State 28 <b>MIAMI FL</b> Zip 29 <b>33174</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>08/12/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3394182</b>		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MASON, JUAN 103 LA COSTA STREET #A2 MELBOURNE BEACH FL 32951</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>11017 SW 139 PL</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33186</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MASON, JUAN 103 LA COSTA ST. #A2 MELBOURNE BEACH FL 32951</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D MASON JUAN 11017 SW 139 PL MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERNANDEZ, NILO 1401 W. FLAGLER ST. SUITE 208 MIAMI FL 33135</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 included 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.

SIGNATURE:  **4/30/97 3056327049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)