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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 07 1998 8:00am

Secretary of State

P96000071323 (5) DOCUMENT #

U.S.A. BARGAINS, INC.

SIGNATURE:

Principal Place of Business Mailing Address 1680 NW 107 FERE-6635 W COMMERCIAL DO NOT WRITE IN THIS SPACE. * 3. Date Incorporated or Qualified 08/23/1996 2. Principal Place of Business Mailing Address Applied For 65-0690595 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Z_in Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DALLA SHABTA Name GURSEY, SIDNEY PA-8635 W. COMMERCIAL BLVD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, Fr. 3332 TAMARAO FL 88819 Zip Code bys 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the Burge of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the submit of t 11. Pursuant to the provisions of Soci of agont and title if applicable (NOTE: Registered Agent signature re quired when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change 11 TITLE TITLE ALIA SHABTAI NAME 1680 N.W. 107 TERR 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP Change Addition 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP ... DELETE ☐ Change Addition 5 1 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE 62 NAME NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 14. Thereby 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 control attended in the required by Chapter 607, Florida Statutes; and that my pame appears in