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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000076950 (0)

READY USA CORP.

Principal Place of Business

9735 N.W. 52ND STREET

Mailing Address

9735 N.W. 52ND STREET

**FILED** Apr 28 1997 8:00am Secretary of State



SUITE 305 Miami FL 33178	SUITE 305 Miami Fl. 33178-2030				
				<ol> <li>Date Incorporated or Qualified 09/13/1996</li> </ol>	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-069130	4 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>Zip</b> Country <b>25</b>	Zφ 29	Country 30	/ 		Yes No
9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New Reg	alstered Agent
INGALA, ALEJANDRO		81	Name		
9735 N.W. 52ND STREET		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
SUITE 305		-			
MIAMI FL 33178		83			
		84			FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.05         office or registered agent, or both, in the Stat         agent. I am familiar with, and accept the oblig</li> </ol>	02 and 607.1508, Florida Statute e of Florida. Such change was a yations of, Section 607.0505, Fic	es, the abov authorized b orida Statute	e-named corp y the corpora s.	poration submits this statement for the pition's board of directors. Thereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE Signature, typed or printed name of registered ag	yent and title if applicable. (NOT)	t : Registered Ag	ent signature requ	ired whon reinstating)	DATE
12. OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	☐ DELE1E	1.1 TITLE			Change Addition
NAME INGALA, ALEJANDRO		1.2 NAME			
STREET ADDRESS 9735 N.W. 52ND STREET SU	IIIE 305	1.3 STREET	I ADDRESS		
CITY-ST-ZIP MIAMI FL 33178		1.4 CITY - S	S1 - ZIP		
TITLE	☐ DELETÉ	2.1 TITLE	ļ		☐ Charge ☐ Addition
NAME	/	2.2 NAME			
STREET ADDRESS			ADDRESS		
CITY-ST-ZIP TITLE	□ P(LETE	2. 4 CHY- 3.1 TITLE	S1-7IP		Change Addition
+					Charge Audition
NAME CTREET ADDRESS		3.2 NAME			<i>'</i>
STREET ADDRESS CITY-ST-ZIP		3.5 STHEET			
TITLE	DELETE	3.4. City- 4.1 Title	51-ZIP	/	☐ Change ☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.5 STREET	2239ana 1		
CITY-ST-ZIP		4.4 CITY - S			
TITLE	DELETE	5.1 TRUE			Change Addition
NAME	_	52 NAME			
STREET ADDRESS		5.3 STREET	ADDRESS		
City-St-ZiP		54 CITY-S			
TITLE	☐ DELETE	61 TITLE		/	Change Addition
NAME '		62 NAME			• -
STREET ADDRESS		63 STREET	ADDRESS	/	İ
CITY-ST-ZIP	1	6 / CiTY-9		<b>▲</b>	
14 I do hereby certify that the information supply	ad with this fillow doos not qualif			d in Section 118 07(2)(i) Florida Statutos	Livelbox postify that the

Information indicated on this annual report or suppliam an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or in tal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that yer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name