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FILED
Jul 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000081917 (2)**

1. Corporation Name
MARKET USA MAGAZINE, CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
14909 S.W. 80 STREET SUITE 203 MIAMI FL 33193		14909 S.W. 80 STREET SUITE 203 MIAMI FL 33193	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country		
24	25	29	30

3. Date Incorporated or Qualified 10/03/1996	
4. FEI Number APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
DE BARBOZA, ODELYN M 14909 S.W. 80 STREET SUITE 203 MIAMI FL 33193	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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	
TITLE	<input type="checkbox"/> DELETE
NAME	P BARBOZA, RICARDO
STREET ADDRESS	14909 S.W. 80 STREET, SUITE 203
CITY-ST-ZIP	MIAMI FL 33193
TITLE	<input type="checkbox"/> DELETE
NAME	VP BARBOZA, ODELYN
STREET ADDRESS	14909 S.W. 80 STREET, SUITE 203
CITY-ST-ZIP	MIAMI FL 33193
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)

Form **SS-4**

(Rev. December 1995)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

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1 Name of applicant (Legal name) (See instructions.) RICARDO BEROZA		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1) MARKET USA MAGAZINE, CORP.		5a Business address (if different from address on lines 4a and 4b)	
4a Mailing address (street address) (room, apt., or suite no.) 8244 N.W. 36TH ST. SUITE 209A		5b City, state, and ZIP code	
4b City, state, and ZIP code MIAMI, FL 33166		6 County and state where principal business is located DADE COUNTY, FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ Ricardo BEROZA			
8a Type of entity (Check only one box.) (See instructions.)		8b If a corporation, name the state or foreign country (if applicable) where incorporated	
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ CORP.		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Other corporation (specify) ▶ <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization (Enter GEN if applicable)	
9 Reason for applying (Check only one box.)		10 Date business started or acquired (Mo., day, year) (See instructions.)	
<input checked="" type="checkbox"/> Started new business (specify) ▶ ADVERTISING MAGAZINE <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶		<input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Other (specify) ▶	
11 Closing month of accounting year (See instructions.) DEC 31		12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) 12/31	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)		14 Principal activity (See instructions.) ▶ ADVERTISING / PUBLICATION	
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ PAPER		16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A	
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.		17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ Trade name ▶	
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed		Previous EIN	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code) 305 406 1722 Fax telephone number (include area code) 305 406 1723	
Name and title (Please type or print clearly.) ▶		Date ▶ JULY 2, 98	
Signature ▶ <i>[Signature]</i>		Note: Do not write below this line. For official use only.	
Please leave blank ▶		Class Size Reason for applying	