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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

☐ Addition

Change

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089290 (6)

U. S. INVESTMENT TRUST CORPORATION

Principal Place of Business Mailing Address 999 PONCE DE LEON 999 PONCE DE LEON **SUITE 1040** SUITE 1040 **CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 3. Date Incorporated or Qualified 10/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0736354 Applied For 26 APPLIED FOR Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 ☐ Yes Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, CARLOS ESQ. GARCIA, MARTINEZ & DOMINGUEZ, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 501 N.E. 1ST AVENUE 83 **MIAMI FL 33132** 84 City Zip Code 85 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, typed or printed hame of moistered agent and title if anoticable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 11 TITLE Change Addition NAME MACEIRAS, LEONARDO 12 NAME 999 Pouce de Loop Blut. #1040 2620 S.W. 27TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Addition MACEIRAS, ILIANA NAME 2.2 NAME Pauce de Leas Blid. #1040 Pables, Ft. 33134 STREET ADDRESS 2620 S.W. 27TH AVENUE 2.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZW 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADORESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZiP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 armual 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 histen 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 by on an attachment with an address.

5.4 CHY-ST-ZIP

6.3 STREET ADDRESS

6.4 C(TY - ST - Z(P

61 TITLE

6.2 NAME

DELETE