

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

0234204

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90043 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000095232

1. Corporation Name
U.S. REAL CORP.



Principal Place of Business 1005 NORTHEAST 125TH STREET NORTH MIAMI FL 33161	Mailing Address 1005 NORTHEAST 125TH STREET NORTH MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16950 W DIXIE WAY Suite, Apt. #, etc. 422		2a. Mailing Address 26 16950 W DIXIE WAY Suite, Apt. #, etc. 422		3. Date Incorporated or Qualified 11/21/1996
22 N. MIAMI BEACH FL City & State		27 N. MIAMI BEACH FL City & State		4. FEI Number 65-0862411
23 33160 Zip		29 33160 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33160 Zip		30 33160 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 <input type="checkbox"/>		31 <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LAGE ALVARENGA, SERGIO WILLIAM 9208 COLLINS AVE. SURFSIDE FL 33154		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 16950 W DIXIE WAY # 422 83 84 City N. MIAMI BEACH FL 85 Zip Code 33160	
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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 *Sergio Williams* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE P	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAGE ALVARENGA, SERGIO WILLIAM		12 NAME	
STREET ADDRESS 9208 COLLINS AVE.		13 STREET ADDRESS	16950 W DIXIE WAY # 422
CITY-ST-ZIP SURFSIDE FL 33154		14 CITY-ST-ZIP	N. MIAMI BEACH FL 33160
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered

SIGNATURE: *Sergio Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)