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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

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DOCUMENT #

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U.S. MANAGEMENT SERVICES INC.

Principal Place of Business Mailing Address 9485 SUNSET DR., STE. A-204 9485 SUNSET DR., STE, A-204 **MIAMI FL 33173** MIAMI FL 33173 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 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 П Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERNANDEZ, CARLOS L 9485 SUNSET DR., STE. A-204 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 83 84 Zip Code 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE **DPST** DELETE 1.1 TITLE Change Addition NAME **SABINA, JOHN A** 1.2 NAME SABIOA eThere Duise #11FS 1822 SW 84TH CT. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-\$1-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE Addition 21 TITLE NAME 22 NAME ape Theo Diene #115 STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-7iP TITLE DELETE ☐ Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

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 supplymental 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 of 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 or fin attachment with an address.

3.4. CITY-S1-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

41 TITLE

4. 2 NAME

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5.2 NAME

6.1 TITLE

6.2 NAME

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CIGNIATURE.

CITY-ST-ZIP

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TITLE

NAME

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4/28/9

Change

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Addition

Addition

■ Addition

FILED

May 18 1998 8:00am

Secretary of State