


**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90034 041 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P97000015005</b> 1. Corporation Name <b>U.S. MANAGEMENT SERVICES INC.</b>			
Principal Place of Business <b>9485 SUNSET DR., STE. A-204</b> <b>MIAMI FL 33173</b>		Mailing Address <b>9485 SUNSET DR., STE. A-204</b> <b>MIAMI FL 33173</b>	
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <b>02/17/1997</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29	
4. FEI Number <b>65-0766354</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>FERNANDEZ, CARLOS L</b> <b>9485 SUNSET DR., STE. A-204</b> <b>MIAMI FL 33173</b>		10. Name and Address of New Registered Agent 81 Name <b>JOHN C. SABINA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>600 Snaptree Drive, #11FS</b> 83 84 City <b>Key Biscayne</b> <b>FL</b> 85 Zip Code <b>33149</b>	
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 <b>JOHN C. SABINA - President</b> DATE <b>1/27/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPST</b> <input checked="" type="checkbox"/> DELETE NAME <b>SABINA, JOHN A</b> STREET ADDRESS <b>1822 SW 84TH CT.</b> CITY-ST-ZIP <b>MIAMI FL 33155</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>SABINA, JOHN G</b> STREET ADDRESS <b>600 SNAPTREE DRIVE #11FS</b> CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>		2.1 TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <b>VPS</b> <input type="checkbox"/> DELETE NAME <b>SABINA, MONICA E</b> STREET ADDRESS <b>600 SNAPTREET DRIVE #11FS</b> CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>		3.1 TITLE <b>V.P. SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>MONICA E. SABINA</b> 3.3 STREET ADDRESS <b>600 Snaptree Dr #11FS</b> 3.4 CITY-ST-ZIP <b>Key Biscayne, FL 33149</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/99 (30) 446-1966**  
Date Daytime Phone #

CR2E034 (11/98)