

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90273 016 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000017197

N/C 4/26/99

~~HERTEC U.S.A., INC.~~
L.I. AMERICA, CORP.

Principal Place of Business Mailing Address

4011 W. Flagler St.
 Suite 503
 Miami, FL. 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
February 24, 1997

21. 4011 W. Flagler St.

2a. Mailing Address

4. FEI Number
 65-0732249

Applied For
 Not Applicable

22. 503

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23. Miami, FL

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24. Zip 33134

28. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Oly Causo
 4011 W. Flagler St.
 Suite 503
 Miami, FL. 33134

81 Name **Jorge Causo c/o Jay & Co.**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **4011 W. Flagler St. Suite 503**
 84 City **Miami** 85 Zip Code **FL 33134**

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 *Jorge Causo*

Signature typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating)

04/15/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	Lamas, Victor	
STREET ADDRESS	9750 NW 49 Terrace	
CITY-ST-ZIP	Miami FL 33178	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	Causo, Oly	
STREET ADDRESS	9750 NW 49 Terrace	
CITY-ST-ZIP	Miami FL 33178	
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		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lamas Victor	
1.3 STREET ADDRESS	9750 NW 49 Terraca	
1.4 CITY-ST-ZIP	Miami FL 33178	
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, on an attachment with an address, with all other like empowered.

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

4/15/99 305-4638795
 Date Daytime Phone #

CR2E034 (11/98)