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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name MISUSA CORP.



DOCUMENT # **P97000039886** 

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90242 017 \*\*\*158.75

|--|--|

Principal Place	e of Business	Mailing Address			1 (10/(40) (10 10/11 10/11 10/11 10/11 10/11		***** **** ****
SUITE 760 SU		4770 BISCAYNE BLVD. SUITE 760 MIAMI FL 33137	SUITE 760		DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					05/05/1997		
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	1	lied For
21 26				65-0749131		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> Ad Fee Red		
22 27 City & State							
		<del></del>	te —		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip	Country	Zip	Countr	·	This corporation owes the current year Ir		
24	25	· _	30		Personal Property Tax.	☐ Yes 【	<b>X</b> No
24	9. Name and Address of Current				10. Name and Address of New Registered	l Agent	
			81	Name			
	JCIARY INC.		82	Street	Address (P.O. Box Number is Not Acceptable)		
100 SE 2ND STREET			"	0.16617	addicas (r. c. Box Hamber to the company)		
SUITE 2315-A			83	i			
MIAI	MI FL 33131		84	City		85 Zip C	ode
					FI	_     `	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statutes,	, the abov	e-named of	corporation submits this statement for the purpose c ration's board of directors. I hereby accept the appo	if changing its r pintment as reg	egistered istered
agent. I a	m familiar with, and accept the obligat	ons of, Section 607.0505, Florid	a Statute	S		~	
SIGNATURE	1. hebampte /	J. Le Gomple		Hece	W 4-16-99  DATE  DATE		
12.	Standard, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS		egistered Ag	signature re	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PD	DELETE	11 TITLE		PP	Change	Addition
NAME	MISIRLI, OKAN	<del>-</del> ·	1.2 NAME	i	MISIRLI OKAN		. {
STREET ADDRESS	444 BRICKELL AVE.			T ADORESS	4770 BISCAYNE BLYP. S	STE. 761	<b>&gt;</b>
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		MIAMI, FL 33137		
TITLE	V	☐ DELETE	2.1 TITLE	-	<b>V</b>	Change	☐ Addition
NAME	NUH AHMET, ALPAY		2.2 NAME		NUH, AHMET ALPAY		
STREET ADDRESS	444 BRICKELL AVE.		2.3 STREE	TADORESS	4770 BISCAYNE BLVD. S	TE.760	>
CITY-ST-ZIP -	MIAMI: FL:33131	and the second second	2. 4 CITY-	ST-ZIP~	MIAMI, FL 33137		*-
TITLE		☐ DELETE	3.1 TTLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADORESS							
CITY-ST-ZIP			3.3 STREI	ET ADDRESS			}
			3.4. CITY-			Change	- Addition
TITLE	:	☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		☐ Change	Addition
NAME.	. ~ .	☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP	**************************************	☐ Change	Addition
NAME STREET ADDRESS	2	☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI	ST-ZIP	**************************************	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	2		3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY-	ST-ZIP	·		
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE	ST-ZIP  ET ADDRESS ST-ZIP		☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP  ET ADDRESS ST-ZIP	·		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP  ET ADDRESS ST-ZIP  ET 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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

35. 1

. Softed

TITLE

STREET ADDRESS



DELETE

305.571. 244

☐ Addition

Change