

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90021 029 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000058593**
 1. Corporation Name  
**ON-SCREEN USA, INC.**

 Principal Place of Business  
 15240 S.W. 151ST AVENUE  
 MIAMI FL 33187

 Mailing Address  
 15240 S.W. 151ST AVENUE  
 MIAMI FL 33187

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1997

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

27

City &amp; State

28

Zip

29

Country

Country

30

4. FEI Number

65-0765050

Applied For

Not Applicable

5. Certificate of Status Desired

☐
**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

 8. This corporation owes the current year Intangible  
 Personal Property Tax.
☒

Yes

☐

No

9. Name and Address of Current Registered Agent

**KALWANI, RAJESH**  
**15240 S.W. 151ST AVENUE**  
**MIAMI FL 33187**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTD

☐ DELETE

NAME

KALWANI, RAJESH

STREET ADDRESS

2920 N.W. 72ND AVE.

CITY-ST-ZIP

MIAMI FL 33187

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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, 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

5/17/99

Date

305 471 9690

Daytime Phone #

CR2E034 (1/98)