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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT P970000 64492

US. BUSINESS AND INVESTMENTS

INC

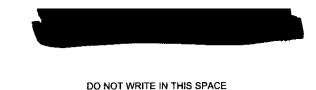
Principal Place of Business

Mailing Address

TAMAZAC, FLORIDA 3332

FILED Jun 06, 2000 8:00 am Secretary of State

06-06-2000 90477 007 ***150.00



· IAN	MARAC, FLO	ORIDA 3:	332	3. P Granded or Qualifed JULY 25, 1997
Principal Dis	ace of Business	2a, Mailing Address		4. FEI Number Applied For
	N Universall Dry	26 SAME		65-0 / 6966 Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #,,etc.	~ _	5. Certificate of Status Desired See Required
City & State	DAC EI	City & State		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be
Zip	Country	28	Country	
1,333	21 25 BROWERD	29 30	¬ '	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
Lo	n Desousa		81 Name 82 Street A	LOU DESOUSA ddress (P.O. Box Number is Not Acceptable)
275 COMMERCIAL BLVD Z440 N.W. 108th DRIVE				
FA			83	
1.0	et Lauder da	it for	84 City To	RAL SPRINGS FL 85 33065
Pursuant to Office or re	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-named c	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I an	n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	allong board of directors. Thoroby docopt the appearation, as regions as
IGNATURE .	Elgnature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature rec	juried when reinstating) DATE
 2 .	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PRESIDENT	☐ DELETE	1.1 TITLE	Change Addition
ME Î.	LOUTERNEA		1.2 NAME	
REET ADDRESS	2440 N.W. 108	TH DRIVE	1.3 STREET ADDRESS	
TY-ST-ZIP	COPAL SPRING	S.FL 33065	1.4 CITY-ST-ZIP	
TLE	- SPERIO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
AME			2.2 NAME	·
TREET ADDRESS			2.3 STREET ADDRESS	
TY-ST-ZIP		4 14	2,74 CITY-ST-ZIP	
TLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
AME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
TY-ST-ZIP	•		3.4. CITY-ST-ZIP	
TLE		☐ DELETE	4.1 TITLE	Change Addition
AME	•	:	4,2 NAME	
REET ADDRESS	9		4.3 STREET ADDRESS	
TY-ST-ZIP	•		4.4 CiTY-ST-ZiP	
TLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
WE.	•	<u> </u>	5.2 NAME	
REET ADDRESS	•		5.3 STREET ADDRESS	
TY-ST-ZIP			5.4 CITY-ST-ZIP	
TLE		DELETE	6.1 TITLE	Change Addition
AME			6.2 NAME	Control of the Contro
TREET ADDRESS	•		6.3 STREET ADDRESS	
TY-ST-ZIP			6.4 CITY+ST-ZIP	
13-31-4P				

4. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200<u>0</u>

Daytime Phone #

CR2E034 (11/6