

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

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000075316 (4)

1. Corporation Name

U.S. INFORMATION RESEARCH, INC.



Principal Place of Business  
1855 SW HICKOCK TERRACE  
PORT ST LUCIE FL 34953

Mailing Address  
1855 SW HICKOCK TERRACE  
PORT ST LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

05-0784281

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1335A NW St Lucie West Blvd

27

Suite, Apt. #, etc.

28

Suite 234

29

Port St. Lucie, FL

30

Zip

Country

31

34986

32

St Lucie

9. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVE, SUITE 900  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

D

NAME

DIAZ, LOREN F

STREET ADDRESS

1855 SW HICKOCK TERRACE

CITY - ST - ZIP

PORT ST LUCIE FL 34953

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

1.2 NAME

DIAZ, LOREN F

1.3 STREET ADDRESS

1855 SW HICKOCK TERRACE

1.4 CITY - ST - ZIP

PORT ST LUCIE, FL 34953

☒ Change

☐ Addition

2.1 TITLE

V

2.2 NAME

DIAZ, CARLOS F

2.3 STREET ADDRESS

1855 SW HICKOCK TERRACE

2.4 CITY - ST - ZIP

PORT ST LUCIE, FL 34953

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

Loren F. Diaz

LOREN F. DIAZ

04-05-98 (561)879-2041

CR2E034 (1097)