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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000078771

1. Corporation Name

Principal Place of Business	Mailing Address		
270 N.W. 86TH PLACE MIAMI FL 33126	270 N.W. 86TH PLACE Miami Fl 33126		
i.			

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90021 029 \*\*\*150.00

USA BU	SINESS CLUB CORP.				
Principal Place	of Business	Mailing Address		4 (00)(00) 114 (0)() 190)( 00)() matte american	11 (808) 18111 1881 1882 1181 1881
270 N.W. 86TH PLACE 270 N.W. 86TH PLACE MIAMI FL 33126 MIAMI FL 33126			DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualifed	
				09/11/1997	
2. Principal Pl	ace of Business	2a Mailing Address		4 FEI Number	Applied For
21		26		65-0843876	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		<b>3.</b> Collinging of the colling	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible □Yes <b>W</b> No
24	25	29 3	0	Personal Property Tax.  10. Name and Address of New Registere	
·	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registers	a Agont
DAE	z, guillermo				
	NW 86TH PLACE		82 Street	Address (P.O. Box Number is Not Acceptable)	
	MI FL 33126		83		
MIN	WI FL 33 120		83		
			84 City	F	85 Zip Code
		O LOCATOR FILID Statutos	the share named	corporation submits this statement for the purpose	of changing its registered
l ∧ffico or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Fiorida, Suco change was aut	MONZEU DV ING COID	oration's board of directors. I hereby-accept the app	ointment as registered —
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable /NOTE: B	Registered Agent signature	required when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAEZ, GUILLERMO		1.2 NAME		
STREET ADDRESS	270 N.W. 86TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP		
TITLE	MITTIN I C OO I CO	☐ DELETE	2.1 TITLE	PRESIDENT	☐ Change 💢 Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	170 NW RGHA PLACE	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	YENY PAEZ 270 NW 8644 PLACE MIAMI, FL 33126	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	-	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLÉ		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET 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 fusite 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 bith an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: