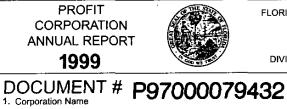
**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90145 049 \*\*\*150.00

US COL	LEGE TRUST CORP.									
Principal Plac	e of Business	Mailing Address		_		1	L 10011001 110 1011 1001 1001 1001 1	Biil Obiil Dolli		11110 3101 1881
999 PONCE DE LEON BLVD. 999 PONCE DE LEON BLVD.										
SUITE 1040 SUITE 1040										
CORAL GABLES FL 33134 CORAL GABLES FL 33134							DO NOT WR		SPACE	
						3.	. Date Incorporated or Qualifed	Í		
						L.	09/15/1997			
2. Principal P	lace of Business	2a. Mailing Address				4.	. FEI Number		<u> </u>	plied For
21 26							<u>65-0821575</u>			t Applicable
Suite, Apt. #, etc. Suite, Apt. #			•				. Certifcate of Status Desired		\$8.75 A	
22	<u> </u>	27				L			Fee Re	
City & Stat	te	City & State	City & State			6.	. Election Campaign Financing		\$5:00	
23		28				$\perp$	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cou	ntry		8.	. This corporation owes the cur	rent year Int		
24	25	<del></del>	30			ـــ	Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		81	Name	10.	. Name and Address of New	Registerea	Agent	
DHA	ICAN, ROSARIO P			D'	Name					
1320 S. DIXIE HIGHWAY				82	Street Addre	ess (F	P.O. Box Number is Not Accept	able)	,	
SIXTH FLOOR				_			<del>-</del>			
	RAL GABLES FL 33146	•		83						
COF	IAL GABLES FL 33140		1	84	City				85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					· ·			FL		
SIGNATURE	rn familiar with, and accept the obligation of t	t and title if applicable. (NOTE: F			t signature required	when	reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE			,		Change	☐ Addition
NAME	MACEIRAS, LEONARDO		1.2 NA	ME						
STREET ADDRESS	AND DOMOT DE LEON DINE CUITE 4040			1.3 STREET ADDRESS						
	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP					,	
CITY-ST-ZIP TITLE				LE	-2,11				Change	Addition
NAME	_			ME						
					ADDRESS					J
STREET ADDRESS			2.4 CF				•			
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TIT		1-2ir			. *	☐ Change	Addition
NAME	<u>;</u>	_	3.2 NA							}
STREET ADDRESS			1		ADDRESS				,	1
			3.4. CF		i					
CITY-ST-ZIP TITLE		DELETE	4.1 TIT						Change	☐ Addition
NAME		<del>_</del>	4. 2 NA							
STREET ADDRESS					ADDRESS			,		
			4.4 CIT					,		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT	_	-				☐ Change	Addition
NAME			5.2 NA				e e		· ·	
NAME STREET ADDRESS					ADDRESS					
			5.4 CIT		}					
City-St-Zip Title		☐ DELETE	6.1 <b>/</b> 1T						Change	Addition
			6.2 NA	ME	ĺ					
NAME			4		ADDRESS					
STREET ADDRESS	1		1.55,				•			

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 on an attachment with an address with all other like empowered.

**SIGNATURE:**