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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P 97000085809

LANDS OF AMERICA U.S.A., CORP.

Principal Place of Business Mailing Address

Principal Place of Business 12906 S.W. 133 Ct. Same as principal Suite D DO NOT WRITE IN THIS SPACE place of business Miami, Florida 33186 3. Date incorporated or Qualified October 3, 1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Same as above Same as above Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country ZiD 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Jilma M. Lasso, Esq. Street Address (P.O. Box Number is Not Acceptable) 782 N.W. Le Jeune Rd. Sulte 440 83 Miami, Florida 33126 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 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 (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **□** DELETE 1.1 TITLE ☐ Change TITLE President NAME 1.2 NAME Virgilio Nunez Carranza STREET ADDRESS 1.3 STREET ADDRESS 12906 S.W. 133 Ct, Suite D 1.4 CITY-ST-ZIP CITY-ST-ZIP mi Florida 33186 21 TITLE ☐ Change ☐ Addition TITLE Vice President HAME: 2.2 NAME Virgilio Nunez Carranza STREET ADDRESS 2.3 STREET ADDRESS Same as above CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Addition ☐ Change TITLE 3.1 TITLE Treasurer 3.2 NAME NAME Virgilio Nunez Carranza STREET ADDRESS 3.3 STREET ADDRESS Same as above 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE MILE 4.1 TITLE ☐ Change ■ Addition NONE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.5 TITLE TITLE NAME 5 2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 500002509**0**3 5.4 CITY-ST-ZIP DITY-ST-21P Addition DELETE MILE 6.1 TITLE -05/04/98--01028-***150.00 STREET ADORESS 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 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:

Virgilio Munez

4/2/98

CRZE034 (10/97)

FILED

May 01 1998 8:00am

Secretary of State