

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000096369 (8)

1. Corporation Name
CIN CORP. U.S.A.

Principal Place of Business

1111 LINCOLN ROAD
SUITE 870
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN ROAD
SUITE 870
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 80 SW 8th STREET		26 80 SW 8th STREET		11/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 #2000		27 #2000		65-0815054	
City & State		City & State		Applied For	
23 MIAMI, FL		28 MIAMI, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33130		29 33130		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HANTMAN, SUSAN R
1111 LINCOLN ROAD
SUITE 870
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name LUIS AGRAMUNT
82 Street Address (P.O. Box Number is Not Acceptable)
83 80 SW 8th STR. #2000
84 City MIAMI FL 85 Zip Code 33130

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

(Not Required for Agent Signature Change when reinstating)

8/11/1998

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SUAREZ, FERNANDO	
STREET ADDRESS	244 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	DELETE
NAME	NAVARRO, ANTONIO	
STREET ADDRESS	244 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	DELETE
NAME	DE PINNINCK, CARLOS P	
STREET ADDRESS	244 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
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 corporation or the registered agent authorized 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

CR2E034 (10/97)