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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🖈

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000096715 (2)

1. Corporation HOME	ori Name USA OF SOUT		INC.	,				
Principal Plac	Mailing Address			r seasible and shirt inner Maris andre dates after	18118 Brist Laddi (1881 Brit 1881			
2857 S UNIV			2857 S UNIVERSITY DR					
DAVIE FL 3%	328		DAVIE FL 33328			DO NOT WRITE IN TH	HIS SPACE	
,					3. Date Incorporated or Qualified			
						11/10/1997		
2. Principal F	Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21			26		65-0793813	Not Applicable		
Suite, Apt.	. #, <b>et</b> c.		Suite, Apt. #, etc.			\$8.75 Additional		
22	_		27		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		
	Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible		
24			29	30		Personal Property Tax due June 30.	· · · · · · · · · · · · · · · · · · ·	
			nt Registered Agent	8	1 Name	10. Name and Address of New Register	ed Agent	
	IDITO, BENEDICT			"	Name			
	180 SW 1 STREE		82 Street Addre		ddress (P.O. Box Number is Not Acceptable)			
PL	ANTATION FL 33	324		8:				
				, o	1			
	*			84	4 City	F	85 Zip Code	
11. Pursuant	to the provisions of	Sections 607.050	)2 and 607.1508, Florida Stat	tutes, the abo	ve-named co	orporation submits this statement for the purpos	e of changing its registered	
office or t	registered agent, ör am f <b>a</b> miliai•with, and	- both, in the Stale 3 accept the oblig	rof Florida. Such ch <b>ange wa</b> <sub>i</sub> ations of, Section <b>607.050</b> 5,	s authorized b Florida Statut	by the corpor es.	orporation submits this statement for the purpos ration's board of directors. I hereby accept the	appointment as registered	
SIGNATURE								
	Signature Type-Line pair to				gent signature rec	quired when reinstating) DAT		
12.	Done		D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12  Change Addition	
TITLE	PRESIDENT						☐ Citange ☐ Modilion	
STREET ADDRESS PORS SW 117			1.2 NAME					
A			33324					
CITY-ST-ZIP TITLE	- PC#AIAI	100 1 1-	DELETE	1.4 CITY - 2.1 TITLE			Change Addition	
NAME	1			2.2 NAME	(		C onwinde C Sodition	
1	4, 1,		2.3 STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	iss   N  A		2.4 Cily-S1-ZiP					
TITLE	<del></del>		DELETE				Change Addition	
NAME	1			3.2 NAME	4			
STREET ADDRESS					ET ADDRESS			
City-ST-ZIP				3.4 CITY				
TITLE	<del> </del>		DELETE	4.1 1ITLE			Change Addition	
NAME				4. 2 NAME			-	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				4.4 CITY-				
TITLE			DELETE	5.1 TITLE			Change Addition	
NAME				5.2 NAME		,	-	
STREET ADDRESS					E1 ADDRESS			
CITY-ST-ZIP				5.4 CITY				
TITLE			DELETE	6.1 TITLE		<u> </u>	Change Addition	
NAME				62 NAME			- •	
STREET ADDRESS				1	ET ADDRESS			
STREET RUDINGS				O D D I I I I	ADDATEDO			

14. Thereby 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 is 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 is 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 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 employed in 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 employed in 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 employed in or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

**FILED** 

May 27 1998 8:00am

Secretary of State

954 457-7714