## 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 # P9800005220

1. Corporation Name

US INTERNATIONAL LAND DEVELOPMENT & FINANCE, INC

Principal Place of Business

Mailing Address

4 ED4 CARRINGTON AVE

1501 CARRINGTON AVE

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90079 018 \*\*\*150.00



WINTER SPRING		WINTER SPRINGS FL 32765		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed		
	_					. 4	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<del> </del>	lied For
21 00							Applicable
	Suite, Apt. #, etc. Snite Xt \ O \ 27				5. Certificate of Status Desired		
City & State / City & State					6. Election Campaign Financing	\$5.00	May Be
23 Oviedo USA 28					Trust Fund Contribution	Added to	
Zip Country Zip Cour				1	8. This corporation owes the current year In	tangible	_1
24					Personal Property Tax.		<b>J</b> W0
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<u>-</u>		<del>\</del>	81	Name			
NEM\	wh, vienna				I (D.O. D. M. sharia Not Assertable)		<del></del>
1581 CARRINGTON AVE.				82 Street Address (P.O. Box Number is Not Acceptable)			
	ER SPRINGS FL 32765		83			***	
,,,,,,,	En or fill too i E oz. so					<del></del>	
			84	City	FL	85 Zip C	oge
44 Burguant t	o the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named cor	rooration submits this statement for the purpose of	changing its r	egistered
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.							
agent. I ar	n familiar with, and accept the obligatio	ns of, Section 607.0505, Florid	ia Statute	S.			
SIGNATURE					red when reinstation) DATE		{
	Signature, typed or printed name of registered agent a			ent signature requii	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	2S IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE				
NAME	NEMEH, VIENNA	•	1.2 NAME				
STREET ADDRESS	1581 CARRINGTON AVE.		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32765		1.4 CITY-	ST-ZIP			
TITLE	☐ DELETE 2.1 TI		2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	31 TITLE			☐ Change	☐ Addition {
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
l ' l			3.4. CITY-				j
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	-:		Change	Addition
		<u></u>	4. 2 NAME				
NAME				1			
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CITY-ST-ZIP		["] DELETE	4.4 CITY-	ST-ZIP		☐ Change	[ ] Addition
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NAME			. 5.2 NAME				
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NAME			6.2 NAME				{
STREET ADDRESS			6.3 STRE	ET ADDRESS			
3 REEL AUUKESS			64 CITY				ľ

14. 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: