FILED Apr 15, 2002 8:00 am

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DOCUME! 1. Entity Name U.S.A. RIVERA,		0033505			Secretary 0 04-15-2002 90033 03		
Principal Place of Business 2690 N DIXIE HIGHWAY POMPANO BEACH FL 33064		Mailing Address 2690 N DIXIE HIGHWAY POMPANO BEACH FL 33064			E 1881/1881 ISB 1888) (BIN) BBIN) 8800 BBIN 8800	I MANGA ANGAN BANGA BANG BANG TERM	
2. Principal Place of	Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0838405	Applied For Not Applicable	
Zip	Country	Zip	Country	1	Certificate of Status Desired	\$8.75 Additional Fee Required	
6.	Name and Address of Current I	Registered Agent		7.	Name and Address of New Registered	Agent	
RIVERA, ALFREDO 2680 N DIXIE HIGHWAY POMPANO BEACH FL 33064				SANDRA LORENA RIVERA Street Address (P.O. Box Number is Not Acceptable) 2680 N. Dixie Hwy. City Pompano Beach FL Zip Code 33064			
			City				
SIGNATURE	///////	eno RIVERA PRE	3 .	ua J. F		1-4-02	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable			50.00 t of State		\$5.00 May Be Added to Fees		
11.	OFFICERS AND	DIRECTORS	12.		DDITIONS/CHANGES TO OFFICERS AN		
STREET ADDRESS 2680	RIVERA, ALFREDO ADDRESS 2680 N DIXIE HIGHWAY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIVEI 2680	VICE-PRESIDENT ☐ Change ☑ Addition RIVERA, SANDRA LORENA 2680 N. DIXIE HIGHWAY POMPANO BEACH, FL 33064		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE		Delete	TITLE	=	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all the like pmpowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

2002 Uniform Business Report (UBR)

OF SIGNING OFFICER OF DIRECTOR

RiverA/PRES.

4-4-02

(954)788-272

Daytime Phone #

CR2E034 (9)