

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000033517

May 01, 1999 8:00 am Secretary of State

05-01-1999 90094 023 ***158.75

U.S.A. F	UND MIAMI CORPORATION							
						1 44 14 4 14 4		(
Principal Place	e of Business	Mailing Address				4111 PH/11 4814		
2300 CORAL WAY SUITE 111 2300 CORAL WAY SUITE 111						:		
MIAMI FL 33145 MIAMI FL 33145		•		DO NOT WR	ITE IN THIS	S SPACE		
					3. Date incorporated or Qualifect			
					04/13/1998			}
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		. A	oplied For
21		26						ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	×		Additional (
22		27					equired	
City & State		City & State		6. Election Campaign Financing			May Be to Fees	
23	Country		Zip Country		Trust Fund Contribution 8. This corporation owes the cur	ront waar Ir		to rees
Zip	25	29 30	n -		Personal Property Tax.	iem year n	Yes	⊠ No
24	9. Name and Address of Current		т-		10. Name and Address of New	Registered	Agent_	
			81	Name				
DADE CORPORATE SERVICES, INC.		82	Street A	dress (P.O. Box Number is Not Acceptable)				
	CORAL WAY SUITE 111			0.10017	dures (i.e. box Hamber is Not recep			
MAN	VI FL 33145		83				•	1
			84	City			85 Zip	Code
) 1		FI		
11 Purcuent	to the provisions of Sections 607,0502	2 and 607 1508 Florida Statutes	the above	e-named d	corporation submits this statement for the	purpose c	r changing its	s registered
office or r	postered agent or both in the State of	of Florida. Such change was author	orized by	the corpo	mation's board of directors. I hereby acce	or me spoo	antment as re	egistereo (
office or r	egistered agent, or both, in the State of mifamiliar with, and accept the obligation	of Florida. Such change was authorions of Section 607,0505, Florida	orized by Statutes	the corpo	corporation submits this statement for the mation's board of directors. I hereby access	ppt trie Bobo	ontinent as re	egistered
SIGNATURE	MAKAN Williams	YVIVIAN WILLIAM	5 174	esor	LAGE CORP. DELV.	434	99	
SIGNATURE	Algnature, typed or printed name of registered agent	VIVIAN WILLIAMS	5 174	esor	pation's board of directors. I hereby access to the composition of the	434 DATE	[97	
SIGNATURE	MAKAN Williams	VIVIAN WILLIAMS	gistered Agen	esor	purired when reinstating)	434 DATE	[97	
SIGNATURE	offinature, typed or printed name of registered agents OFFICERS ANI	VIVIAN WILLIAMS I and title if applicable. (NOTE: Reg D DIRECTORS	5 720 gistered Agen 13.	esor	purired when reinstating)	434 DATE	ND DIRECTO	ORS IN 12
SIGNATURE	Agnature, typed or printed name of registered agent OFFICERS ANI	VIVIAN WILLIAMS I and title if applicable. (NOTE: Reg D DIRECTORS	gistered Agen 13. 1.1 TITLE	es of it signature re	purired when reinstating)	434 DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	OFFICERS AND ORTEGA, AILEEN	VIVIAN WILLIAM: and title if applicable. (NOTE: Rep D DIRECTORS DELETE	gistered Agen 13. 1.1 TITLE 1.2 NAME	es of a signature re	pquired when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS A	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND ORTEGA, AILEEN 2300 CORAL WAY SUITE 111	VIVIAN WILLIAMS I and title if applicable. (NOTE: Reg D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE	es of a signature re	pquired when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS A	ND DIRECTO	DRS IN 12
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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 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:

AUR AMADA LOPEZ CANTERA

3058541040