2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000033517

Name: Address:

City-St-Zip:

150 ALHAMBRA CR, SUITE 800

CORAL GABLES, FL 33134

FILED Apr 22, 2005 Secretary of State

Entity Name: U.S.A. FUND MIAMI CORPORATION **Current Principal Place of Business: New Principal Place of Business:** 150 ALHAMBRACR, SUITE 800 MIAMI, FL 33134 **Current Mailing Address: New Mailing Address:** 150 ALHAMBRACR, SUITE 800 SUITE 208 MIAMI, FL 33134 FEI Number: 65-0929635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: S&K PROPERTY MANAGEMENT, INC. 150 ALHABRA CIRCLE SUITE 800 MIAMI, FL 33134 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CONRADI, AXEL Name: Name: 150 ALHAMBRA CR, SUITE 800 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: KEIHNER, BRUCE W Name: KUCZURBA, DIRK 150 ALHAMBRA CR, SUITE 800 150 ALHAMBRA CR, SUITE 800 Address: Address: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: () Delete Title: VP/S Title: VP/S (X) Change () Addition KUCZURBA, DIRK STOCK, VERENA Name: Name: 150 ALHAMBRA CR. SUITE 800 150 ALHAMBRA CR. SUITE 800 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: AVP () Delete Title: () Change () Addition HERNANDEZ, FRANK

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: DIRK KUCZURBA 04/22/2005