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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90099 023 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000036609**

1. Corporation Name  
**CONQUER USA CORP.**



Principal Place of Business

8500 SW 109 AVE  
#212  
MIAMI FL 33173

Mailing Address

8500 SW 109 AVE  
#212  
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

65-0829771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 8037 NW 54 ST

Suite, Apt. #, etc.

22 City & State  
23 Miami, FL

24 Zip Country  
33166 USA

2a. Mailing Address

26 8037 NW 54 ST

Suite, Apt. #, etc.

27 City & State  
28 Miami, FL

29 Zip Country  
33166 USA

9. Name and Address of Current Registered Agent

FLORES, VANDERLEI M  
8500 SW 109 AVE  
#212  
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
14575 SW 110 TERR

83

84 City Miami

FL

85 Zip Code  
33186

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME FLORES, VANDERLEI M  
STREET ADDRESS 8500 SW 109 AVE, #212  
CITY-ST-ZIP MIAMI FL 33173

TITLE VP  
NAME NUNES, RILTON ANTONIO COSTA  
STREET ADDRESS 14575 SW 110 TERR  
CITY-ST-ZIP MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 14575 SW 110 TERR  
1.4 CITY-ST-ZIP Miami, FL 33186

2.1 TITLE VP  
2.2 NAME NUNES, Rilton Antonio Costa  
2.3 STREET ADDRESS 14575 SW 110 TERR  
2.4 CITY-ST-ZIP Miami, FL 33186

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vanderlei M Flores 2/9/99 305-513-8464

Date

Daytime Phone #

CR2E034 (11/98)