

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Aug 12, 1999 8:00 am**  
**Secretary of State**

08-12-1999 90005 004 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000069804**

1. Corporation Name

**USAI Services INC.**

Principal Place of Business

Mailing Address

**658 East 120 St  
Hialeah  
Florida 33013**

**658 East 120 St  
Hialeah  
Florida 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/11/98**

4. FEI Number

**65-0857316**

Applied For

Not Applicable

2. Principal Place of Business

**658 East 120 St  
Suite, Apt. #, etc.**

2a. Mailing Address

**658 East 120 St  
Suite, Apt. #, etc.**

22. City & State

**Hialeah/Fla  
33013**

27. City & State

**Hialeah/Fla  
33013**

24. Zip

**33013**

25. County

**DADE**

29. Zip

**33013**

30. County

**DADE**

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

9. Name and Address of Current Registered Agent

**ALBERTO MAFILLA  
1582 NE 172 St.  
N. Miami Beach  
Florida 33162**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

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

**Alberto T. Mafilla**

**Alberto T. Mafilla 07/08/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V-PRESIDENT** ☒ DELETE  
NAME **IVAN HERRERA**  
STREET ADDRESS **6950 W 6th Ave/408**  
CITY-ST-ZIP **Hialeah-Fla-33014**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V-PRESIDENT** ☐ Change ☐ Addition  
1.2 NAME **ANGEL MONGE**  
1.3 STREET ADDRESS **1582 NE 172 St**  
1.4 CITY-ST-ZIP **N. MIAMI BEACH-FL-33162**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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

**Angel H. Monge**

**Angel H. Monge**

**07/08/99**

**(305) 665-4423**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)

P98000069804  
604809-90005-4

*USAT Services, Inc.*  
*1582 N.E. 172<sup>ND</sup> Street*  
*N. Mia. Bch., Florida 33162*

*(305) 944-0042 Telephone*

*(305) 344-2229 Pager*

*(786) 213-8171 Cellular*

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**July 9, 1999**

Annual Reports Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Filing Fee

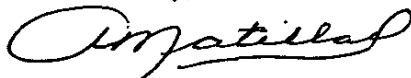
To Whom It May Concern:

Per a prior conversation with a representative at the Division since we did not receive your form informed us to send a letter of request stating that we were not in receipt of the corporation annual report. Our business had closed momentarily and we have also relocated we were not operating and not able to receive the annual form.

At this moment we would like to be in operating position and we are requesting to waive the \$550.00 filing fee due after May 01, 1999. We will send a payment of \$150.00 after we receive an approval from your department.

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If any further information is needed please do not hesitate to call us at (305) 944-0042.  
Thank you.

Sincerely,



**Alberto Matilla**  
President