PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

ej in se

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #PORNON70079

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90185 017 ***150.00

1. Corporation Name U.S. TREND SEF Principal Place of Bus 10 NW 12 STREET	IVICES CORP.	9210 NW 12	Address 2 STREET							
AMI FL 33172 MIAMI FL 33172							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							08/13/1998		ł	
- n : 36-1 n (1	La Mail	2a. Malling Address				4. FEI Number	- IIA	pplied For		
2. Principal Place of Business		<u>⊢</u> -	26						ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	\$8.75 A		Additional	
		├ ─	27				5. Certificate of Status Desired		equired	
City & State			City & State				6. Election Campaign Financing	\$5.00	_May.Ba	
-		28	⊢ " - ~				Trust Fund Contribution Added to F			5
23	Country				Country		g. This corporation owes the current year Intangible			
	- 25	29		30			Personal Property Tax.	Yes	□No ·	
24	ame and Address of Cut		1 Agent	1001			10. Name and Address of New Register	ed Agent		
9, 19	<u> </u>	Henri Neglatoro	- rigovii		81 Na	ime				
HELLER CAPIT	TAL, INC.						The state of the s			
308 NW 101 T					82 St	onboa feer	ess (P.O. Box Number is Not Acceptable)		ì	
CORAL SPRIN					83				\neg	
00.042 00.1411	00 12 000, 1				**					
					84 Cit	ý		85 Zip	Code	
							region submits this statement for the purpose		registered	
office or registers	d agent, or both, in the St ar with, and accept the ob	tate of Florida. St	uçn change was a	BUUKONZEG	g by the c	corporation	n's board of directors. I hereby accept the ap	pointment as M	egistered	
OCHATURE	u,,	ingations of, cool	tion 607.0505, Fk	orida Stat	ules.					
SIGNATURE Signature	typed or profed name of registered		BON 607.U505, FK	onda Stat	ules.		when reinstating) DATE			8
SIGNATURE Signature.	typed or printed name of registered		BON 507.U505, FR	onda Stat	ules.			AND DIRECTO	ORS IN 12	1/98)
Signeture.	typed or printed name of registered	gent and little if applic	son 607.0505, FK	- Registered	I Agent signs		when reinstating) DATE			(11/98)
Signature.	typed or profed name of registered OFFICERS	gent and little if applic	BON 507.U505, FR	Registered	I Agent signs		when reinstating) DATE	AND DIRECTO	ORS IN 12	34 (11/98)
Signature. 12. TITLE D NAME ELUS, M	typed or printed name of registered OFFICERS	gent and little if applic	BON 507.U505, FR	13.	I Agent signs	ature required	when reinstating) DATE	AND DIRECTO	ORS IN 12	E034 (11/98)
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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 fusitee 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: 3

BZUNO MERINO 4/28/99 (305) 593-1744