

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 17, 2000 8:00 am
Secretary of State

04-11-2000 90003 035 ***150.00

DOCUMENT # P98000077021
 1. Entity Name
ASISTENCIA U.S.A. CORP.

Principal Place of Business 9545 S.W. 36TH STREET MIAMI FL 33165	Mailing Address 9545 S.W. 36TH STREET MIAMI FL 33165-4045
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2. Principal Place of Business 6520 NW 84 AVENUE	3. Mailing Address 10830 NW 52 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-0865809	Applied For <input type="checkbox"/> Not Applicable
Zip 33166	Country DADE	Zip 33178	Country DADE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ANTON, URBANO E
 9545 S.W. 36TH STREET
 MIAMI FL 33165

7. Name and Address of New Registered Agent
 Name **SANTOS, JOSE C. JR.**
 Street Address (P.O. Box Number is Not Acceptable)
10830 NW 52 ST
 City **MIAMI** FL Zip Code **33178**

8. 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 *[Signature]* **MIAMI-FL 04/27/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, JOSE C JR. 9545 S.W. 36TH STREET MIAMI FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D SANTOS, JOSE C. JR. 10830 NW 52 ST MIAMI, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ELIAS 9545 S.W. 36TH STREET MIAMI FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **04/06/00** **305-7184440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/99)