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PROFIT CORPORATION ANNUAL REPORT **2000**

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

DOCUMENT # P98000079682

1. Corporation Name
U.S.A. & EUROPE NETWORK, INC.

R ✓

[redacted]

Principal Place of Business	Mailing Address
MIAMI FL 33156-2699	9990 S.W. 77TH AVE., STE 330 MIAMI FL 33156-2699

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1998

2. Principal Place of Business	2a. Mailing Address
c/o LEVY	c/o LEVY
1330 COLLINS AVE	1330 COLLINS AVE
Suite, Apt. #, etc.: SUITE #7	Suite, Apt. #, etc.: SUITE 7
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL
Zip: 33139 Country: U.S.A	Zip: 33139 Country: USA

4. FEI Number: 65-0875487 ☐ 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

9. Name and Address of Current Registered Agent

MARGOLIS, JOHN A ESQ
9990 S.W. 77TH AVE., STE 330
MIAMI FL 33156-2699

10. Name and Address of New Registered Agent

81 Name: JULIA LEVY
82 Street Address (P.O. Box Number is Not Acceptable): 1330 COLLINS AVE STE 7
83
84 City: MIAMI BEACH FL 85 Zip Code: 33139

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: JLevy JULIA LEVY. DATE
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAUVREAU, GUY MAURICE ~~PO BOX 654611 N/A~~ 1521 Alton Rd #126 ~~MIAMI FL 33156-2699~~ Miami Beach, FL 33139 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☑ Addition D P VP S T JULIA LEVY 1330 COLLINS AVE APT 7 MIAMI BEACH FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: X JLevy JULIA LEVY 305-531-6626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #