02191999-90050-046-\$150.00-\$150.00

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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCC

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90050 046 ***150.00

1. Gorporado	ANT SERVICES U.S.A., INC						
Principal Place	e of Business	Mailing Address		r (mexagn na (BIB) hâtri bûthi Billi bûthi darê	4 1 Bråt 11 ABS #1110	Brant 1861 1881	
4506 S.W. 74T)	H AVENUE	4506 S.W. 74TH AVENUE					
MIAMI FL 3315	5	MIAMD FL 33155			0.00405		
İ				DO NOT WRITE IN THIS	SSPACE		
				3, Date incorporated or Qualifed			
O Onio ale al O	to an of Business	La- Mailing Addrage		09/21/1998 4. FEI Number	I An	plied For	
_	tace of Business	2a. Mailing Address		65-0867632	<u></u>	t Applicable	
Suite, Apl.	# etc	Suite, Apt. #, etc.			\$8.75		
22	n, 010.	27		5. Certificate of Status Desired	Fee Re		
City & Stat	lo	City & State		8, Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added t		
Zip	Country	Zip	Country	8. This corporation owes the current year to	tangible		
24	25	29 3	·0	Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent		
	ADMIN ADDING		81 Name	•			
	CORMICK, ARTHUR F		B2 Street Add	ress (P.O. Box Number is Not Acceptable)			
	RED ROAD						
1	TE 203		83				
SOU	ITH MIAMI FL 33143		84 City		85 Zip C	Code	
			'	FL	_ `		
11. Pursuant office or r agent. La	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was aut ations of, Section 607,0505, Florid	i, me above-named corp horized by the corporati la Statutes.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment as re	gistered	
SIGNATURE						(
SIGNATURE	Signature, typed or printed name of registered age	nt and little N applicable. (NOTE: R	egislered Agent signature require	ed when revnetability) DATE			98
12.	OFFICERS AN	nt and little It applicable. (NOTE: R	egislered Agent signature require		ND DIRECTO	RS IN 12	1/98)
12.	OFFICERS AN	nt and little N applicable. (NOTE: R	egislared Agant signature require 13. 1.1 WILE	ed when revnetability) DATE			4 (11/98)
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14. Thereby 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 arrusal report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 changing, or on an attachment with an address, with all other like empowered.

SIGNATURE OF THE OF SIGNING OFFICER OF DIRECTOR **SIGNATURE**

(301) 598-1400