PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000100036

1. Corporation Name

URAZCA U.S.A., INC.

Principal Place of Business	Mailing Address
2 SOUTH BISCAYNE BLVD.	2 SOUTH BISCAYNE BLVD
SUITE 3400	SUITE 3400
VIAMI FL 33131	MIAMI FL 33131

May 05, 1999 8:00 am Secretary of State

05-05-1999 90160 043 ***150.00



2 SOUTH BISCAYNE BLVD. SUITE 3400 SUITE 3400 MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						12/01/1998			-		
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number			Apr	lied For	
21	,					65-0878832			No	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 28						5. Certifcate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees					
Zip	Country 25	Zip 29 3	Country	′		This corporation owes the current year Personal Property Tax.		ngible		Mo	
<u>•71</u>	9. Name and Address of Cu		1			10. Name and Address of New Register	ed A	gent			
			81	Ī	Name						
VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD.			82		Street Addre	ddress (P.O. Box Number is Not Acceptable)					
SUI	ITE 3400		83	t							
MIA	MI FL 33131		84		City			85	Zip C	ode	
agent.	I am familiar with, and accept the o	bligations of, Section 607.0505, Flore	da Statutes	š.	ignature required	n's board of directors. I hereby accept the ap				· i	
12.	OFFICER:	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	ANE	DIR	ECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		1 '	S/T		Ch	ange	XX Addition	
NAME	URIA, JAVIER		1.2 NAME		I	cia/Javier					
STREET ADDRE	ss 2 SOUTH BISCAYNE BLVD.	SUITE 3400	1.3 STREE	TAE		S. Biscayne Blvd., Suit	:e	340	0		
CITY+ST-ZIP	MIAMI FL 33131		1.4 CITY-S	T-Z	_{ZP} Mi	lami ! Florida 33131					
TITLE		☐ DELETE	2.1 TITLE					C	nange	Addition	
NAMÉ			2.2 NAME		1						
STREET ADDRE	ss		2.3 STREE	TAE	DDRESS						
ÇITY-ST-ZIP			2.4 CITY-5	ST- 2	ZIP						
TITLE		☐ DELETE	3.1 TITLE					C	nange	☐ Addition	
NAME			3.2 NAME								
STREET ADDRE	ess		3.3 STREE	TAI	DDRESS						
CITY-ST-ZIP		_	3.4. CITY-5	ST- 2	ZIP						
TITLE	\	☐ DELETE	4.1 TITLE		- {			C	ıange	☐ Addition	
NAME			4.2 NAME								
STREET ADDRE	ess		4.3 STREE	TAE	DDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-Z	ZIP						
TITLE		☐ DELETE	5.1 TITLE					□ Ct	ıange	☐ Addition	
NAME			5.2 NAME							1	
STREET ADDRE	ess	,	5.3 STREE								
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	T-Z	ZIP					□ Adda:	
TITLE	_	DELETE						Cr	ıange	☐ Addition	
NAME			6.2 NAME								
STREET ADDRE	:85		6.3 STREE	T AL	DORESS (

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 supplier enter a natural reports 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 corporation of the corporation or t

SIGNATURE:

Javier Uria D NTED NAME OF SIGNING OFFICER OR DIRECTOR