FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DCUMENT # P98000102384

 Corporation 	n Name				
U.S. AUS	KUNFTEI INKASSO, INC) .			
					Ш
			_		11
Principal Plac	e of Business	Mailing Address) indiidet ije jajot inni; patit norn deint tiert norn nion jant tiert	
C/O MAX LANG	EN	C/O MAX LANGEN			
112 S. HIBISCUS DRIVE		112 S. HIBISCUS DRIVE		DO NOT WRITE IN THIS COACE	
MIAMI BEACH F	L 33139	MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	
		O- Mailing Address		12/07/1998 4. FELNumber 2	or
- A/	lace of Business	2a. Mailing Address	, LANCEN	65-0826594 Not Applic	
21 Cuito Ant	# 010	26 C/O I A	0. Box # 3	98 530 - \$8.75 Addition	
Suite, Apt.	#, etc.	27 HZ S. H	IGY OCK III D	5. Certificate of Status Desired Fee Required	·
City & Sta	to	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28 17 19 TH C	BEACH FL	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 337.39	添り か	Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Cu			10. Name and Address of New Registered Agent	
			81 Name	,	
LANG	BEN, MAX ESQ		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
112 SOUTH HIBISCUS DRIVE			BZ Street Aud	TIESS (F.O. DOX NUMBER IS NOT Acceptable)	
MIAM	II FL 33139-5130		83		
			84 05	- 85 Zip Code	
			84 City	FL 1 l ·	
A Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statu	es, the above-named corp	poration submits this statement for the purpose of changing its registe	red
office or	registered agent, or both, in the S	State of Florida. Such change was a	uthorized by the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	G .
	Y Z 3	ibligations of, Section 607.0303, File	nica Statutes.	1/21/99	
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable. (NOT	: Registered Agent signature require	ed when reinstating) DATE	_
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	D /	☐ DELETE	1.1 TITLE	☐ Change ☐ A	Addition
NAME	LANGEN, MAX		1.2 NAME		
STREET ADDRESS	112 S. HIBISCUS DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ A	Addition
NAME	1		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ A	Addition
NAME			3.2 NAME	ter yes any man a ware	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ A	
NAME	1		4.2 NAME		Addition
STREET ADDRESS	,		4.3 STREET ADDRESS		Addition
l)				Addition
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE		☐ Change ☐ A	Addition
		☐ DELETE	4 4 CITY-ST-ZIP	☐ Change ☐ A	
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ A	
TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	☐ Change ☐ A	
TITLE NAME		☐ DELETE	4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		

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 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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

T ADDRESS

ST-ZIP

FILED

Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90037 020 ***300.00