FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:22

DOCUMENT # S38040 (9)

1. Corporation Name
ADMINISTRATION AND SERVICES-USA, INC.

Principal Place of Business	Mailing Address
10850 SW 113TH PLACE MIAMI FL 33176	P O BOX 6272 MIAMI FL 33255 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/15/1991
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business (21): 9940 SW 120 ST
Suite, Apt. #, etc. (22):
City & State (23): Miami FL
Zip (24): 33176 Country (25): DADE

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 65-0254010 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, ALBERTO
10850 S W 113TH PLACE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: 9940 SW 120 ST
84 City: Miami FL 85 Zip Code: 33176

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 _____ DATE
Signature, typed 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	P	1.1 TITLE		☑ Change ☐ Addition
NAME	IGNACIO, GOMES ACEBO	1.2 NAME		
STREET ADDRESS	10850 SW 113 PL STE 202	1.3 STREET ADDRESS	9940 SW 120 ST	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33176	
TITLE	S	2.1 TITLE		☑ Change ☐ Addition
NAME	SARTORIUS, JUAN	2.2 NAME		
STREET ADDRESS	10850 SW 113 PL SUITE 202	2.3 STREET ADDRESS	9940 SW 120ST	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33176	
TITLE	AS	3.1 TITLE		☑ Change ☐ Addition
NAME	GONZALEZ, ALBERTO	3.2 NAME		
STREET ADDRESS	10850 SW 113 PL STE 202	3.3 STREET ADDRESS	9940 SW 120 ST	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Alberto Gonzalez Jan 31/95 (305) 255-6244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (System) Phone #

0422661 FP