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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S57125

(4)

U.S.A. EXPORT PUBLICATIONS, INC.

FILED May 06 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Address					OLON KIRIL A	leget bibli bibl	1 B1E11 (8 B)	
12350 6W 132 CT SUITE 202 MIAM FL 33166		12350 SW 132 CT SUITE 202 MIAMI FL 33186-6458								
US	•	US			3. Date Incorporated or Qualified 06/04/1991					
_	lace of Business	2a. Mailing Address			4. FEI Number	Applied For				
21		26				65-0266803			ot Applicable	
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional equired	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country Zip Cou			ntry		8. This corporation has liability for i	ntangible	tax under s	s. 199.032	1
24	25 29 30					Florida Statutes Yes No				
	9. Name and Address of Current			10. Name and Address of New Re-	gistered /	Agent		_		
	HGALUPO, OSESTE		ļ	81	Name					
	50 SW 132ND CT. FE 20 2			82 Street Addre		ss (P.O. Box Number is Not Acceptab	le)			1
	MI FL 33134		İ	83						1
			}	84	City		FL	85 Zip	Code	1
44 Purcuant	to the provisions of Sections 607 0602	and 607 1508 Etorida Statut	or the at	1016	named corne	eration submits this statement for the p		obanging	ite registered	4
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida. Such change was a lions of, Section 607,0505, Fig.	authoriżeć orida Stat	d by utes.	the corporatio	on's board of directors. I hereby accep	the app	ointment as	registered	
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOT	(Hogistored	Agen	nt signature required	d when reinstaling)	DATE			
12.	OFFICERS AND DIRECTORS . 1		13.	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	ોર્ફ્ક
TITLE	PTD	DELETE	1.1 1/11/					Change	Addition	ò
NAME	BACIGALUPO, ORESTE		1.2 NA	1.2 NAME						8
STREET ADDRESS	12350 SW 132 CT, SUITE 202 MIAMI FL		1	1.3 STREET ADDRESS						ĬĔ
CITY-ST-ZIP	D MAMI FL	DELETE	1.4 CHY 2.1 THE		-7IP			Change	Addition	- <u> </u> }
TITLE NAME	DALIFBA I HAMA				ĺ				L" Woolliou	`
STREET ADDRESS	12350 SW 132 CT, SUITE 202	1		2.2 NAME 2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL		2.3 ST							
TITLE	DELETE 3.171			1.51			Change	Addition	1	
NAME			3.2 NAME							
STREET ADDRESS	**************************************		3.3 STREE		ADDRESS	•				1
CITY-ST-ZIP			3.4, CITY		T-ZIP					
TITLE		☐ DELETE	4.1 113	LE				Change	Addition	1
NAME			4. 2, NAME		ĺ	,				1
STREET ADDRESS			4.3 STREE		ADDRESS					
CITY-ST-ZIP			4.4 CITY-		- ZIP					
TITLE		DELFTE	5.1111					Change	LJ Addition	
NAME			5.2 NAME							}
STREET ADDRESS			5.3 BIREE							
CITY-ST-ZIP		T notes:	5.4 DITY-		-7IP			Change	Addition	-
TITLE		DELETE 6.11			ļ			CHAILBE	L"1 VOUIDON	
NAME OTOTET LINEDECCO			62 NA		ADDDDCC					
STREET ADDRESS				6.3 BTREET AODRESS 6.4 DHY-S1-7IP						1
CITY-ST-ZIP	or costily that the information avantage	with this filing done not quali				in Section 110 (17/2)/i) Florida Statuto	1 fuetbox	nortify tha	l tho	4

The property certify that the information supplied with this filling does not quality 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 reporter 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 only attachment with an address.