

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S58684
1. Corporation Name

PAULY U.S.A. CORP.

Principal Place of Business: 1459 S. Combee Rd. Lakeland, FL 33801
Mailing Address: 1150 N.W. 72nd Ave. #307 Miami, FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/11/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0247462	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				☐ \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Manuel de Pena
1459 S. Combee Rd.
Lakeland, FL 33801

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of the person making the change (if not the registered agent)

(WORK: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Manuel de Pena	1.2 NAME	
STREET ADDRESS	1904 Inverness Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33813 ☐ DELETE	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Paula Estrella	2.2 NAME	
STREET ADDRESS	1904 Inverness Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33813 ☐ DELETE	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	400002529524
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/19/98--01080--022
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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 or trustee authorized 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

Manuel de Pena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel de Pena

Date

4/5/98

Daytime Phone #

305-994-7533

CR2E034 (10/97)