

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S63957 (2)
1. Corporation Name

U.S.A. STEAKS INC.

Principal Place of Business: **5130 LINTON BLVD. STE E3 DELRAY BCH, FL 33484 US**
Mailing Address: **801 BRICKELL AVE. 14th FLOOR MIAMI, FL 33131-2900 US**

3. Date Incorporated or Qualified: **06/28/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0275566**
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

2. Principal Place of Business: **21 P.O. BOX 292706**
Suite, Apt. #, etc.:
22
City & State: **23 DAVIE, FL**
Zip: **24 33329** Country: **25 US**
28. Mailing Address: **26 3150 SW 121st AVE.**
Suite, Apt. #, etc.:
27
City & State: **28 DAVIE, FL**
Zip: **29 33330** Country: **30 US**

9. Name and Address of Current Registered Agent
SKOLA, THOMAS J. 801 BRICKELL AVE. 14th FLOOR MIAMI, FL 33131

10. Name and Address of New Registered Agent
81 Name: **SHANNON, RONALD J.**
82 Street Address (P.O. Box Number is Not Acceptable): **3150 SW 121st AVE**
83
84 City: **DAVIE** FL 85 Zip Code: **33330**

11. Pursuant to the provisions of Sections 607.0600 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, which 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 607.0605, Florida Statutes.

SIGNATURE: *Ronald J. Shannon, Pres.*

May 28, 1996

12. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> DELETE
NAME	SHANNON, RONALD	
STREET ADDRESS	11050 SW 25th STREET	
CITY - ST - ZIP	DAVIE, FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCKOOL, MICHAEL W.	
STREET ADDRESS	11050 SW 25th STREET	
CITY - ST - ZIP	DAVIE, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/V/T/S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	SHANNON, RONALD J.	
13. STREET ADDRESS	3150 SW 121st AVENUE	
14. CITY - ST - ZIP	DAVIE, FL 33330	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

300001851833
-06/05/96--01062--010
***225.00

6-21-96

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)(k), 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, 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, of this annual report with an address.

SIGNATURE: *Ronald J. Shannon, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 1996 954-370-0717

CR2E034 (12/95)