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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # S80883 (9)

1. Corporation Name
U.S. ADVANCED EXPORT SERVICES, INC.

Principal Place of Business: **10233 NW 9TH ST CIRCLE #201 MIAMI FL 33172 US**

Mailing Address: **10233 NW 9TH ST CIRCLE #201 MIAMI FL 33172 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/17/1991**

3a. Date of Last Report: **09/09/1994**

4. FEI Number: **65-0287509**

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. **1717 N. BAYSHORE DR.**

22. **Suite # 123**

23. **Miami - FL**

24. **33132**

25. **USA**

26. **1717 N. BAYSHORE DR.**

27. **# 123**

28. **Miami - FL**

29. **33132**

30. **USA**

9. Name and Address of Current Registered Agent

AREVALO, IRENE
10233 NW 9TH ST CIRCLE #201
MIAMI FL 33172

10. Name and Address of New Registered Agent

81. Name: **AREVALO, IRENE**

82. Street Address (P.O. Box Number is Not Acceptable): **13940 SW 109th St**

83. City: **Miami**

84. State: **FL**

85. Zip Code: **33186**

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: *Irene Arevalo* DATE: **4/20/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	AREVALO, IRENE
STREET ADDRESS	10233 NW 9TH ST CIRCLE #201
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AREVALO, IRENE	
1.3 STREET ADDRESS	13940 SW 109th St	
1.4 CITY - ST - ZIP	Miami - FL 33186	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 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: *Irene Arevalo* DATE: **4/20/95** (305) 377-0208