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

APPROVED AND FILED

95 MAY -1 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V09381** **(7)**

1. Corporation Name
USARG FLORIDA ONE CORP.

Principal Place of Business	Mailing Address
~~1356 RICHWOOD CIRCLE~~ ROCKLEDGE FL 32955	~~1356 RICHWOOD CIRCLE~~ ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/27/1992**
3a. Date of Last Report: **06/20/1994**

2. Principal Place of Business	2a. Mailing Address
21 1384 HERITAGE ACRES BLVD	26 ← SAME
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27 ←
City & State 23 Rockledge FL	City & State 28 ←
Zip / Country 24 32955 / 25 US	Zip / Country 29 ← / 30 ←

4. FEI Number: **59-3131669** ☐ 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	10. Name and Address of New Registered Agent
BAR-NAVON, BOAZ ~~1356 RICHWOOD CIRCLE~~ **ROCKLEDGE FL 32955**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1305 GEM CIRCLE 83 84 City: Rockledge FL 85 Zip Code: 32955

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 _____ BOAZ BAR-NAVON 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE		☐ Change ☐ Addition
NAME	BOUCO, ELIAS FERNANDO	12 NAME		
STREET ADDRESS	1356 RICHWOOD CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BOUCO, ANNA PAMELA	22 NAME		
STREET ADDRESS	1356 RICHWOOD CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	24 CITY-ST-ZIP		
TITLE	VTD	31 TITLE		☐ Change ☐ Addition
NAME	BOUCO, CARLOS IGNACIO	32 NAME		
STREET ADDRESS	1356 RICHWOOD CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	34 CITY-ST-ZIP		
TITLE	ASD	41 TITLE		☐ Change ☐ Addition
NAME	BOUCO, MARIA DEL CARMEN	42 NAME		
STREET ADDRESS	1356 RICHWOOD CIRCLE	43 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: _____ 4/10/95 407-690-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARLOS BOUCO VP

007 1048 CP