FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name USARG FLORIDA ONE CORP. Principal Place of Business Mailing Address 1384 HERITAGE ACRES BLVD 1384 HERITAGE ACRES BLVD STE A STE A ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 3. Date incorporated or Qualified HS 3a. Date of Last Report 01/27/1992 05/01/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3131669 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country B. This corporation has liability for intangible tax under s 199,032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAR-NAVON, BOAZ Street Address (P.O. Box Number is Not Acceptable) 82 1305 GEM CIRCLE ROCKLEDGE FL 32955 83 84 City Zip Code 85 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 changing as authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the originations of, Section 17.0505, Florida Statutes. SIGNATURE Signature, typicd (NOTE: Bogistered Agent's greature required when reinstating) CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE **PSD** 1. 1 TITLE Addition ☐ Change NAME **BOUCO, ELIAS FERNANDO** 1.2 NAME 1356 RICHWOOD CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **ROCKLEDGE FL** CITY-ST-ZIP 1.4 C(TY - ST - Z(F) TITLE VD. DELETE 2 17/11/6 ☐ Change ☐ Addition **BOUCO, ANNA PAMELA** NAME 2.2 NAME 1356 RICHWOOD CIRCLE STREET ADDRESS 2.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 24 CHTY-ST-ZIP TITLE VTD DELETE 3 1 TITLE Change | Addition NAME **BOUCO, CARLOS IGNACIO** 3.2 NAME 1356 RICHWOOD CIRCLE STREET ADDRESS 3.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE **ASD** 4. 1 TITLE Change Addition **BOUCO, MARIA DEL CARMEN** NAME 4.2 NAME 1356 RICHWOOD CIRCLE STREET ADDRESS 4.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP 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 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 qhanged, or on an attachagent with an address.

SIGNATURE:

4/29/96