
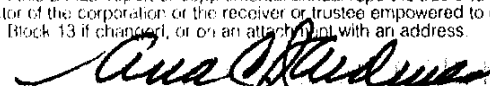


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V69638 (7)</b>			
1. Corporation Name: <b>PROPERTIES U.S.A., INC.</b>			
Principal Place of Business: <b>5820 SW 38TH ST MIAMI FL 33155 US</b>		Mailing Address: <b>5820 SW 38TH ST MIAMI FL 33155-5027 US</b>	
2. Principal Place of Business: 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30. Country	
9. Name and Address of Current Registered Agent: <b>JARDINES, ANA C. 5820 SW 38TH ST MIAMI FL 33155</b>		10. Name and Address of New Registered Agent: 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	
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: _____ (NOT: Registered Agent signature required when reinstating)			
DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: <b>PO JARDINES, ANA C.</b>		1.1 TITLE	
STREET ADDRESS: <b>5820 SW 38TH ST</b>		1.2 NAME	
CITY-STATE-ZIP: <b>MIAMI FL</b>		1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	
14. I do 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

4/7/97 (305)661-0325  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_