

**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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN -8 AM 9:55

DOCUMENT # **V61357** (2)

1. Corporation Name  
**HOLA USA, INC.**

Principal Place of Business

8251 NW 66TH ST.  
MIAMI FL 33166  
US

Mailing Address

8251 NW 66TH ST.  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/02/1992</b>   | 3a. Date of Last Report<br><b>07/05/1994</b>           |
| 4. FEI Number<br><b>65-0354992</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Zip                 |
| 24                             | Country             | 29                  | Country             |

9. Name and Address of Current Registered Agent

**MONROY, MARCOS**  
**8251 NW 66TH ST.**  
**MIAMI FL 33166**

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 **FL**

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 \_\_\_\_\_ (NOTE: Registration Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             |
|----------------------------|-----------------------------|
| TITLE                      | <b>PS</b>                   |
| NAME                       | <b>MONROY, MARCOS</b>       |
| STREET ADDRESS             | <b>19939 N.W. 62ND AVE.</b> |
| CITY - ST - ZIP            | <b>MIAMI FL</b>             |
| 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 |   |
|---|---|
| 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   |   |
| 13 STREET ADDRESS                                     |   |
| 14 CITY - ST - ZIP                                    |   |
| 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   |   |
| 23 STREET ADDRESS                                     |   |
| 24 CITY - ST - ZIP                                    |   |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME   |   |
| 33 STREET ADDRESS                                     |   |
| 34 CITY - ST - ZIP                                    |   |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   |   |
| 43 STREET ADDRESS                                     |   |
| 44 CITY - ST - ZIP                                    |   |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME   |   |
| 53 STREET ADDRESS                                     |   |
| 54 CITY - ST - ZIP                                    |   |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME   |   |
| 63 STREET ADDRESS                                     |   |
| 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 110.07(3)(h), 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: MARCOS MONROY Marcos Monroy President 6/3/95

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)