


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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90008 035 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000003976**

1. Corporation Name  
**ITAUTEC AMERICA, INC.**

Principal Place of Business 5495 BELTLINE ROAD, SUITE 160 DALLAS TX 75240	Mailing Address 5495 BELTLINE ROAD, SUITE 160 DALLAS TX 75240
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7200 N.W. 19th Street Suite, Apt. #, etc.		2a. Mailing Address 26 7200 N.W. 19th Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/13/1998		4. FEI Number 75-2614882		Applied For Not Applicable	
22 114 City & State 23 Miami, Florida		27 114 City & State 28 Miami, Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/> <del>XX</del>		58.75-Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33126 Zip Country		29 33126 Zip Country		30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SETUBAL, PAULO	
STREET ADDRESS	AV.HUGO BEOLCHI NO.900	
CITY-ST-ZIP	SAO PAULO SP CEP BRAZIL	
TITLE	VCP	<input checked="" type="checkbox"/> DELETE
NAME	DE'CAPUA CORREA DA F. CARLOS EDUARDO	
STREET ADDRESS	AV. HUGO BEOLCHI NO.900	
CITY-ST-ZIP	SAO PAULO SP CEP BRAZIL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EGYDIO SETUBAL, RICARDO	
STREET ADDRESS	AV. HUGO BEOLCHI NO.900	
CITY-ST-ZIP	SAO PAULO SP CEP BRAZIL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MARAO, GABRIEL A	
STREET ADDRESS	AV. HUGO BEOLCHI NO.900	
CITY-ST-ZIP	SAO PAULO SP CEP BRAZIL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RITCHIE, JOHN E	
STREET ADDRESS	505 SANSOME STREET, SUITE 900	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SETUBAL, PAULO	
1.3 STREET ADDRESS	AV. HUGO BEOLCHI NO.900	
1.4 CITY-ST-ZIP	SAO PAULO, SP, CEP BRAZIL	
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	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GUILHERME ARCHER DE CASTILHO	
6.3 STREET ADDRESS	AV. HUGO BEOLCHI NO.900	
6.4 CITY-ST-ZIP	SAO PAULO, SP, CEP BRAZIL	

14. I 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, with all other like empowered.

SIGNATURE: John E. Ritchie 4/13/99 John E. Ritchie (415) 392-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1-1/98)