SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0039143

PROFIT CORPORATION ANNUAL REPORT

1998-99

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR 30 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000031408 (5)**

1. Corporation Name
TUSPECA U.S.A., INC.

REINSTATEMENT 98-99AR

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD. SUITE 1015 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD SUITE 1015 CORAL GABLES FL 33134

3. Date Incorporated or Qualified
04/26/1994

4. FEI Number
65-0624044

[ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [✓] No

2. Principal Place of Business	2a. Mailing Address
21 888 BRICKELL AVE	26 888 BRICKELL AVE
22 Suite, Apt. #, etc. ✓ FLOOR	27 Suite, Apt. #, etc. ✓ FLOOR
23 City & State MIAMI FLA	28 City & State MIAMI FLA
24 Zip 33131 25 Country USA	29 Zip 33131 30 Country USA

9. Name and Address of Current Registered Agent

URDANETA, JUAN V
~~999 PONCE DE LEON BLVD.~~
~~SUITE 1015~~
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name URDANETA JUAN V.
82 Address (P.O. Box Number is not acceptable) 888 BRICKELL Avenue
83 ✓ FLOOR
84 City MIAMI FL 85 Zip 33131

11. Pursuant to the provisions of sections 607.0502 and 607.1808, 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 _____ DATE 1/18/99
Signature required from person named as registered agent and title if applicable. NOTE: Registered Agent's signature required if changed or reinstated.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	RODRIQUEZ, JUAN		12 NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD. #1015		13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		14 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	QUITERO, MARTA E		22 NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD. #1015		23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****908.25 ****908.25

CR2E034 (5/98)

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.

SIGNATURE: Marta Quintero 1/18/99 3053580028
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR OR OFFICER