

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

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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90097 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000070877

1. Corporation Name  
**TELEFONICA INTERNACIONAL USA, INC.**



Principal Place of Business C/O PATRICIA MENENDEZ CAMBO. ESO. 1221 BRICKELL AVENUE MIAMI FL 33131	Mailing Address C/O PATRICIA MENENDEZ CAMBO. ESO. 1221 BRICKELL AVENUE MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1001 Brickell Bay Drive Suite, Apt. #, etc. 22 32nd Floor City & State 23 Miami, FL Zip 24 33131		2a. Mailing Address 26 1001 Brickell Bay Drive Suite, Apt. #, etc. 27 32nd Floor City & State 28 Miami, FL Zip 29 33131		3. Date Incorporated or Qualified 08/13/1998	
Country 25 USA		Country 30 USA		4. FEI Number 65-0862479	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROVIRA, JUAN	1.2 NAME	Rovira, Juan
STREET ADDRESS	C/O 1221 BRICKELL AVENUE	1.3 STREET ADDRESS	c/o 1001 Brickell Bay Drive, 32nd Floor
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, RAFAEL	2.2 NAME	Hernandez, Rafael
STREET ADDRESS	C/O 1221 BRICKELL AVENUE	2.3 STREET ADDRESS	c/o 1001 Brickell Bay Drive, 32nd Floor
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINARES, ABEL	3.2 NAME	Linares, Abel
STREET ADDRESS	C/O 1221 BRICKELL AVENUE	3.3 STREET ADDRESS	c/o 1001 Brickell Bay Drive, 32nd Floor
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRASCAL, ENRIQUE	4.2 NAME	Carrascal, Enrique
STREET ADDRESS	C/O 1221 BRICKELL AVENUE	4.3 STREET ADDRESS	c/o 1001 Brickell Bay Drive, 32nd Floor
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

*[Signature]*

(305) 577-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)