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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 10 1997 8:00am  
Secretary of State

DOCUMENT # P96000037367 (5)

1. Corporation Name

PORTUSA CORPORATION



Principal Place of Business

P O BOX 352890  
PALM COAST FL 32135-2890

Mailing Address

P O BOX 352890  
PALM COAST FL 32135-2890

2. Principal Place of Business

21 15 UTILITY DRIVE  
Suite, Apt. #, etc.

22 SUITE D

23 PALM COAST - FL  
City & State

24 32137  
Zip Country

2a. Mailing Address

26 P.O. BOX 352890  
Suite, Apt. #, etc.

27 D

28 PALM COAST, FL  
City & State

29 32135  
Zip Country

3. Date Incorporated or Qualified

04/26/1996

3a. Date of Last Report

4. FEI Number

59-3428845

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MOREIRA, ROY  
25 FLORIDA PARK DRIVE NORTH  
PALM COAST FL 32137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MOREIRA, ROY  
STREET ADDRESS P O BOX 352890 N/A  
CITY- ST- ZIP PALM COAST FL 32135-2890

TITLE D ☒ DELETE

NAME ALVES, FERNANDO  
STREET ADDRESS P O BOX 352890 N/A  
CITY- ST- ZIP PALM COAST FL 32135-2890

TITLE D ☒ DELETE

NAME FERNANDES, FERNANDO  
STREET ADDRESS P O BOX 352890 N/A  
CITY- ST- ZIP PALM COAST FL 32135-2890

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

D MOREIRA, NATALIA  
P.O. BOX 352890 N/A  
PALM COAST - FL 32135-2890

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

MARCH 5 1997

Date Daytime Phone

CR2E034 (9/96)