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Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000037367 (5)**

1. Corporation Name
PORTUSA CORPORATION

Principal Place of Business	Mailing Address
15 UTILITY DR. STE D PALM COAST FL 32135-2890 US	PO BOX 352890 PALM COAST FL 32135-2890 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1996

2. Principal Place of Business	2a. Mailing Address
21 15 UTILITY DRIVE	26 P. O. BOX 352890
Suite, Apt. #, etc. 22 SUITE D	Suite, Apt. #, etc. 27
City & State 23 PALM COAST, FL	City & State 28 PALM COAST, FL
Zip / Country 24 32137 / 25 USA	Zip / Country 29 32135-2890 / 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOREIRA, ROY 25 FLORIDA PARK DRIVE NORTH PALM COAST FL 32137	81 Name: ROY MOREIRA 82 Street Address (P.O. Box Number is Not Acceptable): 106 WHISPERING PINE DRIVE 83 84 City: PALM COAST FL 85 Zip Code: 32164

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOREIRA, ROY		1.2 NAME	
STREET ADDRESS	P O BOX 352890 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32135-2890		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOREIRA, NATALIA		2.2 NAME	
STREET ADDRESS	P O BOX 352890 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: _____ FEB 13 1998