

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

FILED  
Jul 08 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 # 1. Corporation Name  
F96000000S140  
Porte USA, Inc.

2. Principal Place of Business: Florida  
2a. Mailing Address: 19 EMBARCADERO COVE OAKLAND, CA. 94606

21. DAYTONA BEACH  
22. City & State  
23. Zip  
24. Country

26. SAME ABOVE  
27. City & State  
28. Zip  
29. Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 9-12-96  
4. FEI Number: 94-3269303  
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 N/A

9. Name and Address of Current Registered Agent  
CT CORPORATION

10. Name and Address of New Registered Agent  
81. Name: CHARLES CAMERON  
82. Street Address (P.O. Box Number is Not Acceptable): 497 BUCHANAN WAY  
83.  
84. City: South DAYTONA FL 85. Zip Code: 32119

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: *Carl Washington* DATE: 4-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Andre Coetsee		1.2 NAME: CARL WASHINGTON	
STREET ADDRESS:		1.3 STREET ADDRESS: 19 EMBARCADERO COVE,	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP: OAKLAND CA. 94606	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		2.2 NAME: THOMAS SPONHOITZ	
STREET ADDRESS:		2.3 STREET ADDRESS: 19 EMBARCADERO COVE	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP: OAKLAND, CA. 94606	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		3.2 NAME: ROBERT BRACKINS	
STREET ADDRESS:		3.3 STREET ADDRESS: 19 EMBARCADERO COVE	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP: OAKLAND, CA. 94606	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
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:	

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\*\*\*150.00

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: *Carl Washington* DATE: 3/25/98 510-552-8201

CR2E034 (10/97)