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

**PROFIT CORPORATION** ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F96000006673 (5)

USPORTEX, INC.

## FILED May 21 1998 8:00am Secretary of State



CR2E034 (10/97

Principal Place of Business Mailing Address 2699 COLLINS AVE SUITE 119 2699 COLLINS AVE SUITE 119 MIAMI BEACH FL 33140 MIANI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 54-1716892 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Country Zip 210 Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BALTAZAR, MELCHIOR 2699 COLLINS AVE SUITE 119 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 83 City 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 Jorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar and accept the obligator is vi. Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PCVC** DELETE Change Addition TITLE NAME BALTAZAR, MELCHIOR 1.2 NAME 2699 COLLINS AVE SUITE 119 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST-ZIP 2.4 City - St - ZiP DELETE Change Addition TITLE 31 11111 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$T - 2IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 of chapter 1 with an addition. officer or director of the corporation Block 12 or Block 13 if changed,

Melihar Horas Por 5/11/98 35554850