FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L79234** **(5)**

1. Corporation Name
VCT VECTOR CAPITAL TRUST (USA), INC.

Principal Place of Business
6262 BIRD ROAD, SUITE 31
MIAMI FL 33155

Mailing Address
6262 BIRD ROAD, SUITE 31
MIAMI FL 33155

3. Date Incorporated or Qualified: 06/07/1990
3a. Date of Last Report: 03/30/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0197017 — 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
ZULUETA, FERNANDO
6262 BIRD ROAD
SUITE 3C
MIAMI FL 33155

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 607.0505 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: Registered Agent's signature required for name change DATE

12. OFFICERS AND DIRECTORS

TYPE	DP	☐ DELETE
NAME	BODIFEE, VICTOR	
STREET ADDRESS	6, OCHE-COMBE, CH 1297	
CITY, ST, ZIP	FOUNEX, SWITZERLAND	
TYPE	VS	☐ DELETE
NAME	ZULUETA, FERNANDO	
STREET ADDRESS	6262 BIRD RD, SUITE 31	
CITY, ST, ZIP	MIAMI FL	
TYPE	T	☐ DELETE
NAME	ORRIOLS, ALINA J	
STREET ADDRESS	6262 BIRD RD, STE 31	
CITY, ST, ZIP	MIAMI FL	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TYPE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TYPE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TYPE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TYPE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TYPE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TYPE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this current 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 is added in Block 13 if an additional officer or director will be added.

SIGNATURE: Alina J. Orriols Alina Orriols 2/22/96 305-6262-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)