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Mar 09 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 # 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~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 P.O. Box 562438
Suite, Apt. #, etc.
22
23 City & State Miami, FL
Zip Country
24 33256 25 U.S.A.

2a. Mailing Address
26 P.O. Box 562438
Suite, Apt. #, etc.
27
28 City & State Miami, FL
Zip Country
29 33256 30 U.S.A.

3. Date Incorporated or Qualified
06/07/1990

4. FEI Number
65-0197017

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
~~ZULUETA, FERNANDO~~
~~6262 BIRD ROAD~~
~~SUITE 30~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent

81 Name Zulqueta, Ignacio G.
82 Street Address (P.O. Box Number is Not Acceptable) 6255 Bird Road
83
84 City Miami FL 85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

2-25-98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BODIFEE, VICTOR
STREET ADDRESS 6, OCHE-COMBE, CH 1297
CITY-ST-ZIP FOUNEX, SWITZERLAND

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VS
2.2 NAME Zulqueta, Ignacio G.
2.3 STREET ADDRESS P.O. Box 562438 N/A
2.4 CITY-ST-ZIP Miami, FL 33256

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

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:

2-25-98

(305)
1669-8845

CP2E034 (10/97)