

FILED
May 10, 1999 8:00 am
Secretary of State

APR-30-99 14:35 TURISMO MAZZA

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1999

DIVISION OF CORPORATIONS

DOCUMENT # P95000096077

1. Corporation Name
M.T. USA CORP.

Principal Place of Business
**1111 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154**

Mailing Address
**210-174TH STREET, #1801
NORTH MIAMI BEACH FL 33180**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**GMINEZ, LAURA R
210-174TH STREET
APT. #1801
NORTH MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number

65-0638923

Apply Fee

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 the current year intangible
Personal Property Tax.

☐ Yes ☐ No

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's Signature Required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GMINEZ, LAURA R	1.2 NAME	
STREET ADDRESS	210-174TH ST., #1801	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SAUER, DANIEL	2.2 NAME	
STREET ADDRESS	210-174TH ST #1801	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GMINEZ, ANBAL S	3.2 NAME	
STREET ADDRESS	BOLIVAR 1832, POSADAS - MNES 3300	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARGENTINA	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 Treasurer 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, with all other like empowered.