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

PROFIT .
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600003031 (7) PTT USA, INC.					
,,,,	, , , , , , , , , , , , , , , , , , ,				
Principal Plac	e of Business	Mailing Address			1107 1111 00111 1119 1101 1011
2747 SOUTHWEST 27 AVENUE 2747 SOUTHWEST 27 A			AVENUE		
MIAMI FL 331	33	MIAMI FL 33133		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Addre		2a. Mailing Address		01/10/1996 4. FEI Number	Applied For
21		26		65-0630626	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 2 2		City & State		6 Floring Council of Floring	Fee Required
23	-	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the c	urrent year Intengible
24	25 B. Name and Address of Currer	29	30	Personal Property Tax due June 30.	Yes XXNo
AD		it Hedistelen Ağelit	81 Name	10. Name and Address of New Registerer	a Agent
AND TO TOTAL TOTAL TO TOTAL TOTAL TO TO					
	AMI FL 33146		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
	Ç*		84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statu	ites the above-named cor	rocation submits this statement for the number	of changing its registered
office or r	egistered agent, or both, in the State m lemiliar with, and accept the oblid	of Florida. Such change was	sauthorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE	Trigatina Print, and theoly, the clong	anons of occupit 607.5000, 1	ionaa olajaios.		}
· · ·	Signature, typed or printed name of registered agr		OTE: Registered Agent signature requ		
12.	PSTD	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	ARROYO, FORTUNATO		1.2 NAME		
STREET ADDRESS	2747 SOUTHWEST 27 AVEN	JE	1.3 STREET ADDRESS		
CITY-\$T-ZIP	MIAMI FL 33133	······································	1.4 City - ST - ZIP		
TITLE	VD CARINO ECONANDO	☐ DELETE	21 TITLE		Change Addition
NAME STREET ADORESS	SABINO, FERNANDO 2747 SOUTHWEST 27 AVENI	JE 21	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133	J.	2.4 CITY-ST-ZiP	¥	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 Title		☐ Change ☐ Addition
NAME			4. 2 NAME		C overige C vote van
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHTY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME DESCRIPTION OF THE PROPERTY OF THE PROPER			5.2 NAME		
STREET ADDRESS DITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		•	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP			64 CITY - ST - 7/P		I

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.

CICMATUDE.

PONTUNDO

AMANYO

4.6-88

May 15 1998 8:00am

Secretary of State

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