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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1998 8:00am

Secretary of State

Change

Change

Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037367 (5)

PORTUSA CORPORATION

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Principal Place of Business Mailing Address 15 UTILITY DR. PO BOX 352890 STE D **PALM COAST FL 32135-2890** PALM COAST FL 32135-2890 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1996 2. Principal Place of Business Mailing Address 4. FEI Number 15 WTILITY DRIVE Applied For P. O. BOX 352890 59-3428845 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SU175 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be COAST PALM Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 22135 289 30 ☐ No 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROY MOREIRA MOREIRA, ROY 25 FLORIDA PARK DRIVE NORTH Street Address (P.O. Box Number is Not Acceptable) 82 PALM COAST FL 32137 Zip Code SAL M 85 32164 COAST 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 4 applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Addition Change TITLE 1.1 TITLE MOREIRA, ROY NAME 1.2 NAME CR2E034 P O BOX 352890 N/A STREET ADDRESS 1.3 STREET ADDRESS **PALM COAST FL 32135-2890** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TillE MOREIRA, NATALIA NAME 2.2 NAME P O BOX 352890 N/A STREET ADDRESS 2.3 STREET ADDRESS PALM COAST FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DFLETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TOTLE Change Addition NAME 4. 2 NAME

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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificates in furt

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

5.4 CITY - \$1 - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

C= 1 19 1998