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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harri

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600014151 Jok 1. Corporation Name PHIALOCEROS TUVESTANENTS OF the USA INC.

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90009 035 ***150.00

* 5 48 17 - 90009 - 35 7 *

Principal Place of Business	Mailing Address			
6043-4 Cimberly	Hud			
	/	4 42	DO NOT WRITE IN	THIS SPACE
6043-H Kimberly North Lander do	le, 12, 330	68	3. Date Incorporated or Qualifed DI- DI- 98	
2. Principal Place of Business			4. FEI Number	Applied For
	2a. Mailing Address SAve		65-0774974	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		63-0113111	\$8.75 Additional
22	27 Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	_ Country _	-8. This corporation owes the current ye	
24 25	29 30)	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
		81 Name	3,000	
			ess (P.O. Box Number is Not Acceptable)	
		346	S. State Rel 7	
		83		
				7. 0.4
		84 Cittura	stell to,	FL 85 Zip Code 33.62
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 is 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.				
office or registered agent, or both, in the State o	f Florida. Such change was ayth ons of Section 607 0505. Florid	orized by the corporation Statutes.	is board of directors. I hereby accept the	appointment as registered
SIGNATURE SIGNATURE		1/1/	1 pl	ો- વદ
Signature, type or plotted in me of registered agen	and title if applicable (NOTE Re	egistered Agent sylvature required	wher reinstating)	
12. OFFICERS AM		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME RODULAN J. ARN	us	1.2 NAME		}
STREET ADDRESS BZO SW. 67 TH AU	ewe .	1.3 STREET ADDRESS		1
CITY-ST-ZIP WORTH TANGER	all 15,33068	1.4 CITY-ST-ZIP		
TITLE YICE-PREGIDENT	☐ DELETE	2.1 TITLE		Change Addition
NAME TASON B. INCh!	ers.	2.2 NAME		
STREET ADDRESS 10620 W. SANDLE		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP COMP STURY	4 3306S	2. 4 CITY-ST-ZIP		
TITLE VICE - PARSION	DELETE	3.1 TITLE		Change Addition
NAME ENIC OPLESOR		3.2 NAME		
STREET ADDRESS 1509 30 ST	_	3.3 STREET ADDRESS		
CITY-ST-ZIP POMPANA RCH.	fr. 33060	3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	_	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	<u></u>	5.2 NAME		
		5.3 STREET ADDRESS		
STREET ADDRESS		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
}	- pereir	6.2 NAME		
NAME		6.3 STREET ADDRESS		
STREET ADDRESS				
CITY-ST-ZIP		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(2)(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 playeth as 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, Elerida 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.

SIGNATURE: 2

CR2E034 (11/98)