

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

FILED
Jun 05 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 # P97000037840
1. Corporation Name

ITELSA (USA), INC.

Principal Place of Business Mailing Address

444 BRICKELL AVENUE, SUITE 650
MIAMI, FLORIDA 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4/28/97

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-075 5749		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		6. Election Campaign Financing		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 So. Bayshore Drive, 19th Fl.
Miami, Fl. 33133

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) (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT L. WEINTRAUB	1.2 NAME	100002552521
STREET ADDRESS	444 Brickell Avenue, Suite 650	1.3 STREET ADDRESS	-06/09/98--01037--020
CITY-ST-ZIP	Miami, Fl. 33131	1.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Chairman of Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ALBERT L. WEINTRAUB
STREET ADDRESS		2.3 STREET ADDRESS	444 Brickell Ave., Suite 650
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Fl. 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	CEO/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	RONALD L. TOLLIVER
STREET ADDRESS		3.3 STREET ADDRESS	444 Brickell Ave., Suite 650
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Fl. 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D. Robert Lewis
STREET ADDRESS		4.3 STREET ADDRESS	444 Brickell Ave., Suite 650
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Fl. 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Asst. S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	RICHARD N. BERNSTEIN
STREET ADDRESS		5.3 STREET ADDRESS	444 Brickell Ave., Suite 650
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Fl. 33131
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD N. BERNSTEIN, ASSISTANT SECRETARY

5/26/98 (305)374-8377

Date Daytime Phone #

CR2E034 (10/97)