


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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000000469 (0)**

1. Corporation Name

NTC OF AMERICA LIMITED, INC.

Principal Place of Business

**3970 W FLAGLER ST, STE 203
MIAMI FL 33134**

Mailing Address

**3970 W FLAGLER ST, STE 203
MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1997

4. FEI Number

52-2076127

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **9450 SUNSET DRIVE**

Suite, Apt. #, etc.

22 **103**

City & State

23 **MIAMI FLORIDA**

Zip

24 **33173**

Country

25 **DADE**

2a. Mailing Address

26 **9450 SUNSET DRIVE**

Suite, Apt. #, etc.

27 **103**

City & State

28 **MIAMI FLORIDA**

Zip

29 **33173**

Country

30 **DADE**

9. Name and Address of Current Registered Agent

**VALDES, HERIBERTO
3970 W FLAGLER ST, STE 203
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name

HERIBERTO VALDES

82 Street Address (P.O. Box Number is Not Acceptable)

9450 SUNSET DRIVE

83

SUITE # 103

84 City

MIAMI

FL

85 Zip Code

33173

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

HERIBERTO VALDES

2-06-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PEREZ, MANUEL
3970 W FLAGLER ST, STE 203
MIAMI FL 33134**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CSTD
VALDES, HERIBERTO
3970 W FLAGLER ST, STE 203
MIAMI FL 33134**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**DIRECTOR & TREASURER
MANUEL PEREZ
9450 SUNSET DRIVE #103
MIAMI, FLORIDA 33173**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**CHAIRMAN, SECRETARY, DIRECTOR
HERIBERTO VALDES
9450 SUNSET DRIVE #103
MIAMI, FLORIDA 33173**

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

02-06-98 305-274-0777

CR2E034 (10/97)