

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90265 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000016909 1. Corporation Name SABE BT USA, INC.					
Principal Place of Business 691 ASHFORD OAKS DR. #202 ALTAMONTE SPRINGS FL 32714			Mailing Address 691 ASHFORD OAKS DR. #202 ALTAMONTE SPRINGS FL 32714		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24					
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29					
3. Date Incorporated or Qualified 02/20/1998					
4. FEI Number EIN 59-3490253					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Election Campaign Financing—Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent BENKE, ZSOLT 691 ASHFORD OAKS DR. #202 ALTAMONTE SPRINGS FL 32714			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE Owner ☐ DELETE NAME Laszlo Kiss STREET ADDRESS 691 Ashford Oaks Dr #202 CITY-ST-ZIP Altamonte Springs FL 32714 TITLE VICE PRESIDENT ☐ DELETE NAME ZSOLT BENKE STREET ADDRESS 691 ASHFORD OAKS DR #202 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 TITLE SECRETARY ☐ DELETE NAME BEATRIX KISS STREET ADDRESS 691 ASHFORD OAKS DR #202 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 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)(l), 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, with all other like empowered.

SIGNATURE: LASZLO KISS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/99

 407-772-1351
 407-682-1954
 Daytime Phone #

CR2E034 (1/1/98)