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Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90023 011 \*\*\*163.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000088661**

1. Corporation Name  
**INVERTELCO USA ENTERPRISES, INC.**



Principal Place of Business <b>8350 N.W. 70TH STREET MIAMI FL 33166</b>	Mailing Address <b>8350 N.W. 70TH STREET MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5574 SW</b> Suite, Apt. #, etc. 22 <b>112 Terrace St</b> City & State 23 <b>Cooper City, FL</b> Zip 24 <b>33330</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>5574 SW</b> Suite, Apt. #, etc. 27 <b>112 Terrace St.</b> City & State 28 <b>Cooper City, FL</b> Zip 29 <b>33330</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>10/16/1998</b>	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**RAMIREZ, LEON D**  
**8350 N.W. 70TH STREET**  
**MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name <b>Ramirez Leon D</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5574 SW 112 Terrace St.</b>
83
84 City <b>Cooper City</b> <b>FL</b> 85 Zip Code <b>33330</b>

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ, LEON D</b>	1.2 NAME	<b>Ramirez Leon D</b>
STREET ADDRESS	<b>8350 N.W. 70TH STREET</b>	1.3 STREET ADDRESS	<b>5574 SW 112 terrace St.</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	1.4 CITY-ST-ZIP	<b>Cooper City, FL 33330</b>
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ, ANGELA M</b>	2.2 NAME	<b>Ramirez Angela M</b>
STREET ADDRESS	<b>8350 N.W. 70TH STREET</b>	2.3 STREET ADDRESS	<b>5574 SW 112 Terrace St.</b>
CITY-ST-ZIP	<b>MIAMI-FL 33166</b>	2.4 CITY-ST-ZIP	<b>Cooper City, FL 33330</b>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ, RAQUEL A</b>	3.2 NAME	<b>Ramirez Raquel A.</b>
STREET ADDRESS	<b>8350 N.W. 70TH STREET</b>	3.3 STREET ADDRESS	<b>5574 SW 112 Terrace St</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	3.4 CITY-ST-ZIP	<b>Cooper City, FL 33330</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

03/31/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #