


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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90003 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S54653** (8)
1. Corporation Name
SWITCH-ON USA, CORP.

Principal Place of Business 3038 N.W. 72 AVENUE MIAMI FL 33122	Mailing Address 3038 N.W. 72 AVENUE MIAMI FL 33122
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/23/1991	
4. FEI Number 65-0262549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

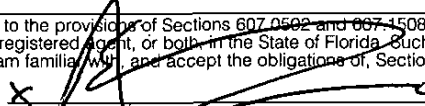
9. Name and Address of Current Registered Agent

**ARBOLEYA, CARLOS J JR.
ARBOLEYA & EDWARDS PA
2100 PONCE DE LEON BLVD., SUITE 1100
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name REX E. RUSSO, ESQ.		
82 Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Rd, PH 1-D		
83		
84 City Coral Gables	85 FL	86 Zip Code 33134

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME POSSENTI, PAOLO		1.2 NAME	
STREET ADDRESS 3038 N.W. 72 AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33122		1.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME POSSENTI, LUCIA		2.2 NAME	
STREET ADDRESS 3038 N.W. 72 AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33122		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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.

SIGNATURE:

 **SIGNATURE REQUIRED**

06-29-99 305-599-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0170919

CR2E034 (10/97)

SWITCH-ON USA, CORP.
3038 NW 72 AVENUE
MIAMI, FL. 33122
TEL. (305) 599-2003

S54653
604170-90003-2

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Re: Document # S54653

Enclosed is our Profit Corporation Annual Report, and a letter from you, dated June 23, 1999, notifying us of the resignation of our registered agent.

When we received our annual report, it was forwarded to our registered agent. It was not known to us, that he was no longer serving as agent, until your letter. Once we received your letter, we requested our documents from him and are now forwarding it to you with the appropriate changes.

Please note, it was not our intentions to file the report late. This was caused by a misunderstanding between us and the registered agent. We respectfully request that you accept our report and the enclosed check for \$150.00 and waive the late filing penalties.

Sincerely



Paolo Possenti, President

July 8, 1999

ENCLOSED: POSTAL MONEY ORDER # 83537825163 \$ 150=