2001 UNIFORM BUSINESS REPORT (UBR)

0010624 AF

DOCUMENT # L00000008408

1. Entity Name
INAEXPO USA, LTD. CO.

APPROVED AND FILED
01 APR 26 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3900 N.W. 79TH AVENUE. SUITE 532 MIAMI FL 33166	3900 N.W. 79TH AVENUE. SUITE 532 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3900 NW 79th Ave	3900 N.W. 79th AVENUE
Suite, Apt. #, etc.: SUITE 570	Suite, Apt. #, etc.: SUITE 570
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33166 / Country: U.S.A.	Zip: 33166 / Country: U.S.A.

4. FEI Number: 65-1027749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NETSCH, MAITTE R
235 S.W. LEJEUNE ROAD
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GAME, KLAUS 3900 N.W. 79TH AVENUE, SUITE 532 MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004195168--4 -05/11/01--01030--005 *****50.00 *****50.00
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CR2E083 (11/00)

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE, KLAUS GAME 4/23/01 305-599-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #