

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90241 035 ****50.00

DOCUMENT # M01000002569
1. Entity Name
MASTER USA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
168 SE 1ST STREET

3. Mailing Address
168 SE 1ST STREET

Suite, Apt. #, etc.
SUITE 605

Suite, Apt. #, etc.
SUITE 605

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country

Zip
33131

Country

4. FEE Number
01-0644056

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MIAMI CORPORATE SYSTEMS INC

Street Address (P.O. Box Number is Not Acceptable)
283 CATALONIA AVENUE, 2nd FLOOR

City
CORAL GABLES, FL Zip Code
33134

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MISHAAN, SALOMON
2600 ISLAND BLVD. 1005
MIAMI, FL. 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AZIZA, JEAN P.
CALLE LINARES #20 ESCALERA C PUERTA 9
46018 VALENCIA, ESPAÑA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SABA, ERIC
PASEO DE L HONTANAR #1C-7 28223 POSUELO
MADRID, ESPAÑA**

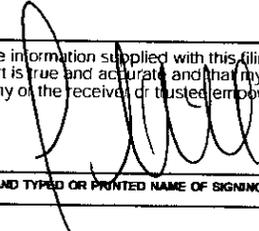
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LEVY, SALOMON
EDF. CAVENDES SUITE 1304A
CARACAS, VENEZUELA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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:  **SALOMON MISHAAN** **MARCH 27, 2002** **305-933-2190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)