

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91338 003 ***158.75

DOCUMENT # **P01000016234**

1. Entity Name

NUFORMA USA, INC.

DO NOT WRITE IN THIS SPACE

000040

2. Principal Place of Business MIAMI		3. Mailing Address 5901 N.W. 151 St.	
Suite, Apt. #, etc. 213		Suite, Apt. #, etc.	
City & State MIAMI LAKES FLORIDA		City & State	
Zip 33014	Country U.S.A.	Zip	Country

DO NOT WRITE IN THIS SPACE

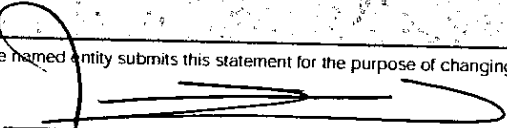
4. FEI Number 65-1097211	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name MORRIS L. DREW	
Street Address (P.O. Box Number is Not Acceptable) 5901 N.W. 151 St. Suite 209	
City MIAMI LAKES	Zip Code FL 33014

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  **FRANKLIN SILEBI** **APRIL 30, 2002.**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

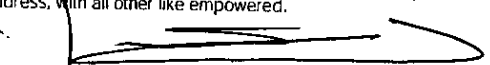
10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN FRANKLIN SILEBI 3300 N.E. 191 St. Ap. 713 AVENTURA, FL. 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE CHAIRMAN ALFREDO GRU KOIFMAN 3300 N.E. 191 St. Ap. 713 AVENTURA, FL. 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY ALVARO MURCIA SAMUDIO 3300 N.E. 191 St. Ap. 713 AVENTURA FL. 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **FRANKLIN SILEBI** **APRIL 30, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)