FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 10, 2002 8:00 am Secretary of State **DOCUMENT#** P01000091147 1. Entity Name PCC USA, INC. 05-10-2002 90010 007 ***150.00 Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE. SUITE 705 601 BRICKELL KEY DRIVE. SUITE 705 **MIAMI FL 33131** MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR FEI Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE LA PENA & BAJANDAS, LLP Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE, SUITE 705 **MIAMI FL 33131** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE P D ☐ Change **Addition** NAME NAME OLLOQUI, RAFAEL STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DRIVE SUITE 705 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 TITLE ☐ Delete TITLE ☐ Change Addition NAME DE LA PENA, LEONCIO NAME STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ASST. SEC. ☐ Delete TITLE Addition ☐ Change NAME BAJANDAS, RICARDO NAME STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DRIVE SUITE 705 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA 33131 TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: