

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91236 033 \*\*\*150.00

**DOCUMENT #** P99000020192 ✓  
**1. Entity Name**  
 TRANSINVERSIONES U.S.A., INC.

**Principal Place of Business**      **Mailing Address**  
 5555 ANGLERS AVE #4      5555 ANGLERS AVE #4  
 FT. LAUDERDALE, FL 33312      FT. LAUDERDALE, FL 33312

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**DO NOT WRITE IN THIS SPACE**

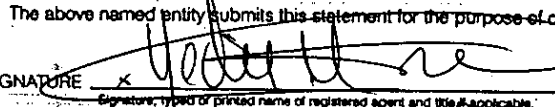
**4. FEI Number** 05-0906971      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 URIBE, HECTOR M.A.  
 7220 N.W 36 ST STE 621  
 MIAMI, FL 33166

**7. Name and Address of New Registered Agent**  
**Name** MAURICIO ACOSTA  
**Street Address (P.O. Box Number is Not Acceptable)**  
 5555 ANGLERS AVE #4  
**City** FT. LAUDERDALE      **FL**      **Zip Code** 33312

**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** 03/14/2002

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001: Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD <b>NAME</b> URIBE, HECTOR M.A. <b>STREET ADDRESS</b> 7220 NW 36 ST # 621 <b>CITY-ST-ZIP</b> MIAMI, FL 33166	<input type="checkbox"/> Delete
<b>TITLE</b> VD <b>NAME</b> GUINGUE LETICIA C <b>STREET ADDRESS</b> 7220 NW 36 ST #621 <b>CITY-ST-ZIP</b> MIAMI, FL 33166	<input type="checkbox"/> Delete
<b>TITLE</b> STD <b>NAME</b> CARVAJAL, JUAN C <b>STREET ADDRESS</b> 7220 NW 36 ST #621 <b>CITY-ST-ZIP</b> MIAMI, FL 33166	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> PD <b>NAME</b> ACOSTA, MAURICIO <b>STREET ADDRESS</b> 5555 ANGLERS AVE #4 <b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> CARVAJAL, LETICIA <b>STREET ADDRESS</b> 5555 ANGLERS AVE #4 <b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> STD <b>NAME</b> CARVAJAL, JUAN C <b>STREET ADDRESS</b> 5555 ANGLERS AVE #4 <b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**1. 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.**

**SIGNATURE:**       **DATE:** 03/14/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #

CR2E034 (11/00)