

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000015285

**Entity Name:** CL USA INC.

**Current Principal Place of Business:**

11825 N.W. 100TH ROAD  
SUITE 1  
MEDLEY, FL 33178

**Current Mailing Address:**

11825 N.W. 100TH ROAD  
SUITE 1  
MEDLEY, FL 33178

**FEI Number:** 27-0001056

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NEWMAN, ANTHONY  
C/O CL USA INC  
11825 N.W. 100TH ROAD, SUITE 1  
MEDLEY, FL 33178 US

*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:** ANTHONY NEWMAN

03/03/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RASO, GUIDO  
Address 11825 N.W. 100TH ROAD , SUITE 1  
City-State-Zip: MEDLEY FL 33178

Title SECR, DIRECTOR  
Name TRAVERSO, SILVIO  
Address 11825 N.W. 100TH ROAD , SUITE 1  
City-State-Zip: MEDLEY FL 33178

Title VP, DIRECTOR  
Name NEWMAN, ANTHONY  
Address 11825 N.W. 100TH ROAD, SUITE 1  
City-State-Zip: MEDLEY FL 33178

Title DIRECTOR  
Name SCHENONE, GIULIO  
Address 11825 NW 100 RD  
SUITE 1  
City-State-Zip: MIAMI FL 33178

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY NEWMAN

VP/DIRECTOR

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date