FEI Number: 20-5239858			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
SUITE 400	P.A. ST THIRD AVENUE DALE, FL 33316 US			
The above named	l entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florid	a.
SIGNATURE: /S/ OSVALDO F. TORRES			03/07/2017	
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	
Name	MATA BLANCO, ALVARO	Name	SANCHO VIQUEZ, FRANCISCO	
Address	8405 NORTHWEST 70TH STREET	Address	8405 NORTHWEST 70TH STREE	т
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166	
Title	VP, DIRECTOR, SECRETARY	Title	VP, DIRECTOR, TREASURER	
Name	CHAVERRI GOULD, ALEJANDRO	Name	MURILLO, MANUEL	
Address	8405 NORTHWEST 70TH STREET	Address	8405 NORTHWEST 70TH STREE	Т
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166	
Title	SECRETARY, GENERAL MANAGER			
Name	HANLON, JAMES			
Address	8405 NORTHWEST 70TH STREET			
City-State-Zip:	MIAMI FL 33166			

### FEI Number: 20-5239858

#### N

## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P06000095905

Entity Name: RESINTECH USA, INC.

#### **Current Principal Place of Business:**

8405 NORTHWEST 70TH STREET MIAMI, FL 33166

#### **Current Mailing Address:**

8405 NORTHWEST 70TH STREET MIAMI, FL 33166 US

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: /S/ JAMES HANLON

GENERAL MANAGER

03/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Mar 07, 2017 **Secretary of State** CC3675062239

Cartificate of Status Desired, No.