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: KARLA MOLINA ORTIZ

Electronic Signature of Signing Officer/Director Detail

### Name and Address of Current Registered Agent:

MOLINA ORTIZ, KARLA 9042 SW 142 AVENUE APT. 218 MIAMI, FL 33186 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.

KARLA MOLINA ORTIZ			04/30/2016
Electronic Signature of Registered Agent			Date
or Detail :			
PSD	Title	VD	
MOLINA ORTIZ, CLAUDIA P	Name	MOLINA ORTIZ, KARLA I	
9042 SW 142 AVENUE #218	Address	9042 SW 142 AVENUE #218	
MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186	
	Electronic Signature of Registered Agent or Detail : PSD MOLINA ORTIZ, CLAUDIA P 2042 SW 142 AVENUE #218	Electronic Signature of Registered Agent   or Detail :   PSD Title   MOLINA ORTIZ, CLAUDIA P Name   0042 SW 142 AVENUE #218 Address	Electronic Signature of Registered Agent   or Detail :   PSD Title VD   MOLINA ORTIZ, CLAUDIA P Name MOLINA ORTIZ, KARLA I   2042 SW 142 AVENUE #218 Address 9042 SW 142 AVENUE #218

9042 SW 142 AVENUE

## FEI Number: 46-5532456

### 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P13000050855

Entity Name: HEMO INVERSIONES USA, INC.

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

9042 SW 142 AVENUE APT. 218 MIAMI, FL 33186

# **Current Mailing Address:**

APT. 218 MIAMI, FL 33186

VICE PRESIDENT

# FILED Apr 30, 2016 Secretary of State CC7574404916

Certificate of Status Desired: No

04/30/2016 Date