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. 10/20/2015

SIGNATURE: VANESSA VALERA-NOLTE

Electronic Signature of Signing Officer/Director Detail

8400 NW 36 ST 200 MIAMI, FL 33166 US

Current Mailing Address:

8400 NW 36 ST

MIAMI, FL 33166

200

DOCUMENT# P98000092324

Entity Name: DISTRIVALTO U.S.A., INC.

Current Principal Place of Business:

FEI Number: 65-0881198

Name and Address of Current Registered Agent:

BRIELE, AIDA E 5001 SW 74TH COURT SUITE 202 MIAMI, FL 33155 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	: AIDA BRIELE			10/20/2015
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PD	Title	VSD	
Name	VALERA, JOSE LUIS	Name	TORRES DE VALERA, NALVIS	
Address	8400 NW 36 ST 200	Address	8400 NW 36 ST 200	
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166	
Title	т			
Name	NOLTE, VANESSA V			
Address	8400 NW 36 ST 200			
City-State-Zip:	MIAMI FL 33166			

2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

FILED Oct 20, 2015 Secretary of State CR6840192545

Certificate of Status Desired: No

Date

TREASURER