

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000119443

Entity Name: MAWS USA LLC**Current Principal Place of Business:**1830 S. OCEAN DR
UNIT 1802
HALLANDALE BEACH, FL 33009**Current Mailing Address:**1830 S. OCEAN DR
UNIT 1802
HALLANDALE BEACH, FL 33009 US**FEI Number:** 99-0370428**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**Title MGR
Name ROSALES, ARIEH
Address 690 LONE PINE LANE
City-State-Zip: WESTON FL 33327Title MGR
Name ROSALES, ABRAHAM
Address 1830 S. OCEAN DR
UNIT 1802
City-State-Zip: HALLANDALE BEACH FL 33009Title MGR
Name ROSALES, JOSY
Address 1830 S. OCEAN DR
UNIT 1802
City-State-Zip: HALLANDALE BEACH FL 33009Title MGR
Name ROSALES, MOISES
Address 1830 S. OCEAN DR
UNIT 1802
City-State-Zip: HALLANDALE BEACH FL 33009Title MGR
Name ROSALES, BENJAMIN
Address 1830 S. OCEAN DR
UNIT 1802
City-State-Zip: HALLANDALE BEACH FL 33009

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARIEH ROSALES**DIRECTOR****03/26/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date