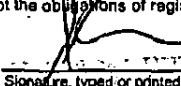
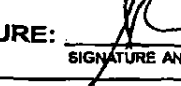


FILED  
Jun 05, 2003 8:00 am  
Secretary of State

06-05-2003 90130 003 \*\*\*158.50

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F02000004295</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                               |  |
| 1. Entity Name<br><b>MECTRON USA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                               |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                               |  |
| 2. Principal Place of Business<br><b>14707 S DIXIE HWY</b><br>Suite, Apt. #, etc.<br><b>SUITE 212</b><br>City & State<br><b>MIAMI/ FL</b><br>Zip<br><b>33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 3. Mailing Address<br><b>14707 S DIXIE HWY</b><br>Suite, Apt. #, etc.<br><b>SUITE 212</b><br>City & State<br><b>MIAMI/ FL</b><br>Zip<br><b>33176</b><br>Country<br><b>USA</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 4. FEI Number<br><b>88-0442336</b>                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                    |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                               |  |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                               |  |
| Name<br><b>MARCOS- SALVADOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                               |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>14707 S DIXIE HWY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                               |  |
| <b>SUITE 212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                               |  |
| City<br><b>MIAMI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                               |  |
| FL Zip Code<br><b>33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                               |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                               |  |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | MARCOS SALVADOR                                                                                                                                                               |  |
| Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | (NOTE: Registered Agent signature required when reinstating)                                                                                                                  |  |
| DATE<br><b>03/07/03</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                               |  |
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                            |  |
| V<br>MARCOS SALVADOR<br>14707 S DIXIE HWY STE 212<br>MIAMI, FL 33176                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                               |  |
| D<br>ANTONIO ROGEIR SALVADOR<br>14707 S DIXIE HWY STE 212<br>MIAMI, FL 33176                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                               |  |
| D<br>AZHAURY CARNEI FILHO<br>14707 S DIXIE HWY STE 212<br>MIAMI, FL 33176                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                               |  |
| D<br>WAGNER CAMPOS SILVA<br>14707 S DIXIE HWY STE 212<br>MIAMI, FL 33176                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                               |  |
| D<br>CARLOS ALBERTO CARVALHO<br>14707 S DIXIE HWY STE 212<br>MIAMI, FL 33176                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                               |  |
| D<br>RENATO MELLO ZANETTA<br>14707 S DIXIE HWY STE 212<br>MIAMI, FL 33176                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                               |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered. |  |                                                                                                                                                                               |  |
| SIGNATURE:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 3-19-2003 796-573-1973                                                                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Date Daytime Phone #                                                                                                                                                          |  |