

DOCUMENT # F03000000764

1. Entity Name
AMDX USA, INC.Principal Place of Business
3071 NW 107TH AVENUE
MIAMI, FL 33172Mailing Address
3075 NW 107TH AVENUE
MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1031872Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, ODELIN
3075 NW 107TH AVENUE
MIAMI, FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	DE CESPEDES, CARLOS M	
STREET ADDRESS	3075 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	DE CESPEDES, JORGE L	
STREET ADDRESS	3075 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CPOD	<input type="checkbox"/> Delete
NAME	PEREZ, BERTIN J	
STREET ADDRESS	3075 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	ROSELL, GUILLERMO	
STREET ADDRESS	3075 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ODELIN	
STREET ADDRESS	3075 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	

TITLE	CO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input type="checkbox"/> Delete
NAME	GARCIA, LEO	
STREET ADDRESS	3075 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/2004

305 592-2324

FILED
Apr 02, 2004 8:00 am
Secretary of State

02-16-2004 90028 007 ****62.50

04-02-2004 90059 034 ****87.50

