

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001695

Entity Name: CINTERANDES USA, INC.

FILED
Feb 15, 2011
Secretary of State

Current Principal Place of Business:

361 NW 110 AVENUE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

361 NW 110 AVENUE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 54-2024651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDRADE DE RODAS, FERNANDA
361 NW 110 AVENUE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: RODAS, EDGAR B MD
Address: 361 NW 110 AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: VP
Name: MERRELL, RONALD C MD
Address: 2702 MONUMENT AVE
City-St-Zip: RICHMOND, VA 23220

Title: ST
Name: ANDRADE DE RODAS, FERNANDA
Address: 361 NW 110 AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: LAUB, DONALD F MD
Address: 1515 EL CAMINO REAL
City-St-Zip: PALO ALTO, CA 94306

Title: D
Name: SEELY, CONTEE F FERNAND
Address: 1755 HOPKINS ST
City-St-Zip: BERKELEY, CA 94707

Title: D
Name: SAMUELS, STANLEY F MD
Address: 683 ALVARADO ROAD
City-St-Zip: STANFORD, CA 33324

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FERNANDA ANDRADE DE RODAS

S/T

02/15/2011

Electronic Signature of Signing Officer or Director

Date