FOR PROFIT CORPORATION **ÜNIFORM BUSINESS REPORT (UBR)**

agent and title if applicable.

SIGNATURE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

SIGNATURE:

PAGE 10FC

DATE

10. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

(12/01)

Added to Fees

FILED DOCUMENT # F94 0000 07418 ECOSINTEZ (USA) CORPORATION 02 SEP 16 M 4 54 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLONDA DO NOT WRITE IN THIS SPACE Mailing Address
OF TO INCIAND TSLAND DIZ 2. Principal Place of Business FOINCIANA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FELNumber 65-0292976 City & State MIAMY BEALD NOOTH MINH! BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Country Fee Required 7. Name and Address of Current Registered Agent 156 TOINCIANA ISLAND DO NOT WRITE HAddress (P.O. Box Number is Not-Acceptable) IN THIS SPACE MIDMI 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.

(NOTE: Registered Agent signature required when reinstating)

Jenuary 1 May 1 Fee Is \$150.00

After May 1, Fee Is \$550.00 Amended UBR Is \$61.25

Make Check Payable to Department of State

OFFICERS AND DIRECTORS 11. TITLE TITLE DOROFEEV BORIS NAME NALE STREET ADDRESS STREET ADVISESS 409 POINCIANA ISLAUD DR 900007808599 CITY-ST-ZIP CITY-ST-ZIP 1. MIAMI BEACH -03/17/02--01070--006 TITLE TITLE ****150.00 ****150.00 NAME PROSVETOUS ALLA NAME STREET ADDRESS STREET ADDRESS 409 FOINCIANS ISLAND CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 2IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 11 or on an attachment with an address with all other like empowered.

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAge 20/2

ECOSINTEZ (USA) CORPORATION

September 12th, 2002

Florida Department of State Division of Corporations PO BOX 1500 Tallahassee FL 32302-1500

RE Ecosintez (USA) Corporatiom. Doc. Number: F94000002918

Dear Sir/Madam:

This letter is written regarding a filing of the annual report for the above-mentioned corporation.

Regarding the 2002 Annual Report for this Corporation, we did receive the 2002 UBR for our corporation but we were in a foreign country by the due date for the filing. Please take this explanation as an apology in our part, and accept this UBR 2002 with the information you needed signed by the registered agent and kindly renew our Corporation. Again, we apologize for any inconvenience.

Very Truly Yours.

Ecosintez (USA) Corporation

President-Director