09201999-90010-011-$550.00-$550.00

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700). 99.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 12 PM 1:04

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000530

1. Corporation Name
LIBRA USA, INC.

Principal Place of Business
50 CRAGWOOD ROAD
SOUTH PLAINFIELD NJ 07080

Mailing Address
50 CRAGWOOD ROAD
SOUTH PLAINFIELD NJ 07080

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/29/1998
4. FEI Number: 13-3976498 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TORRES, MARIA
8410 N.W. 53RD TERRACE, STE 201
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name: HECTOR SAGREDO
82 Street Address (P.O. Box Number is Not Acceptable): 8525 N.W. 53rd TERRACE, STE 115
83
84 City: MIAMI FL 85 Zip Code: 33166

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE [signature] OCT 04, 1999.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARCIA, PEDRO H 50 CRAGWOOD RD SOUTH PLAINFIELD NJ	☐ DELETE	D GARCIA, PEDRO H. 99 WOOD AV. SOUTH 9TH FL ISELIN NJ 08830	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHAMBACH, DIETER 50 CRAGWOOD RD SOUTH PLAINFIELD NJ	☒ DELETE	PD LLOYD, THOMAS M 99 WOOD AV SOUTH, 9th FL ISELIN NJ 08830	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALVES, FERNANDO 50 CRAGWOOD RD SOUTH PLAINFIELD NJ	☐ DELETE	D ALBERTO CAMACHO 99 WOOD AV. SOUTH 9TH FL. ISELIN NJ 08830	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CHRISTIANA, JOSEPH 50 CRAGWOOD RD SOUTH PLAINFIELD NJ	☒ DELETE	D LA PUENTE, JOSE PABLO 99 WOOD AV SOUTH 9th FL. ISELIN NJ 08830	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORSI, GILBERTO RUA SAO BENTO 8 - 8 ANDAR CEP RIODE JANERIO BRAZIL	☒ DELETE	D/ST VANELA GUSTAVO 99 WOOD AV. SOUTH 9th FL. ISELIN NJ 08830	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LLOYD, THOMAS M 50 CRAGWOOD RD SOUTH PLAINFIELD NJ	☐ DELETE		☐ Change ☐ Addition

JB 10/18

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED (GUSTAVO VANELA) 08.04.99 732 635 2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)