2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H29715 **DOCUMENT #**

1. Entity Name

KAES U.S.A. INC.



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90057 018 ***150.00

Principal Place of Business 2101 W. COMMERCIAL BLVD. ≢3500 FT. LAUDERDALE FL 33309 US	Mailing Address 2101 W. COMMERCIAL BLVD. #3500 FT. LAUDERDALE FL 33309 US
2 Principal Place of Rusiness	2 Mailing Address

us		us							
2. Principal P	Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 59-2530946	59-2531946		plied For t Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		.75 Add Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name-	Name					
KONIG, MARCOS			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
2101 W. COMMERCIAL BLVD. #3500									
ft. Laudi	ERDALE FL 33309								
* · ·			City	FL Zip Code					
	•	or the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida	a. I am fam	iliar with, a	and accept		
the obligat	ions of registered agent.								
SIGNATURE .									
,	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating)	DATE				
. After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State		9. Election Campaign Financ Trust Fund Contribution.	cing		0 May Be to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DI	RECTORS	IN 11		
TITLE NAME STREET ADDRESS	PVDS KONIG, MARCOS 2101 W. COMMERCIAL BLVD. # FT. LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition		
CITY-ST-ZIP	P1. LAUDENDALE PL 33309		CITY-ST-ZIP			Lai			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• •	L	Change	☐ Addition		
TITLE		☐ Delete	TITLE	·		Change	Addition		
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12. I hereby c	certity that the information supplied with	a this tiling does not qualify fo	or the exemption stated in	i Section 119.07(3)(i), Florida Statutes, I fur	ther certify.	mat the in	tormation		

Indicated on this report or supplied with this lining does not qualify for the exemption stated in Section 19.07(3)(1), Florida Statutes. I turner certify that this lining does not qualify for the exemption stated in Section 19.07(3)(1), Florida Statutes 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 additional other like empowered.

SIGNATURE: