

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90004 046 \*\*\*150.00

DOCUMENT # J59217

1. Entity Name

OLE U.S.A., INC.

Principal Place of Business

7961 N.W. 76TH AVE.  
MIAMI FL 33166

Mailing Address

7961 N.W. 76TH AVE.  
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 65-0045770

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERRO, SIXTO L  
7961 NW 76TH AVE  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name JUAN J. CALVO

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

7961 N.W. 76TH AVENUE

City MIAMI

FL

Zip Code 33166

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.

SIGNATURE

JUAN J. CALVO

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

(NOTE: Registered Agent signature required for reappointing)

DATE

3/28/2002

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME FERRO, SIXTO L.  
STREET ADDRESS 3000 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLE FL

TITLE VD ☒ Delete  
NAME MENENDEZ, TERESITA F.  
STREET ADDRESS 3305 ALHAMBRA CIR.  
CITY-ST-ZIP CORAL GABLES FL

TITLE TD ☒ Delete  
NAME FERRO, SIXTO J.  
STREET ADDRESS 90 EDGEWATER DR., #319  
CITY-ST-ZIP CORAL GABLES FL

TITLE S ☒ Delete  
NAME FERRO, SIXTO J.  
STREET ADDRESS 90 EDGEWATER DR., #319  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT - DIRECTOR ☐ Change ☒ Addition  
NAME JUAN J. CALVO  
STREET ADDRESS 9721 NW 45 LANE, MIAMI, FL 33178  
CITY-ST-ZIP

TITLE VICE PRESIDENT-DIRECTOR ☐ Change ☒ Addition  
NAME LOPE MENDEZ, JR.  
STREET ADDRESS VALENCIA, ESTADO CARABOBO, VENEZUELA  
CITY-ST-ZIP

TITLE TREASURER, DIRECTOR ☐ Change ☒ Addition  
NAME LOPE MENDEZ, SR.  
STREET ADDRESS CARACAS, DISTRITO FEDERAL, VENEZUELA  
CITY-ST-ZIP

TITLE SECRETARY DIRECTOR ☐ Change ☒ Addition  
NAME ANTHONY SALAS  
STREET ADDRESS 7461 SW 165TH TERRACE  
CITY-ST-ZIP MIAMI, FLA. 33157

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUAN J. CALVO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/2002 305-888-1156

CR2E034 (9/01)