' FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** May 15 1998 8:00am LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K10852 ONIT USA, INC. Principal Place of Business Mailing Address % CARLOS ROSADO % CARLOS ROSADO 7350 N.W. 7TH ST., SUITE 105 7350 N.W. 7TH ST., SUITE 105 MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0050474 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROSADO, CARLOS 7350 N.W. 7TH ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 MIAMI FL 33126 Zip Code 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, typen or presed using oil to pistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PD Change Addition DELETE TITLE 1.1 TITLE ABRAHAM, ASIS NAME 1.2 NAME 801 BAYSHORE DR #1124 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-7/P CITY-ST-ZIP DELETE Change Addition 21 THLE TITLE ABRAHAM, RAUL 22 NAME NAME 801 S BAYSHORE DR #1124 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE ABRAHAM, CARLOS NAME 32 NAME 801 S BAYSHORE DR #1124 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE ABRAHAM, SERGIO 4. 2 NAME NAME 801 S BAYSHORE DR #1124 STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE ROSADO, CARLOS 5.2 NAME NAME 7350 NW 7TH ST, SUITE 105 STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition

CITY-ST-ZIP 14. 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 annual report or supplicmental 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.1 1(TLE

6.2 NAME

6.3 STREET ADDRESS

uh.

TITLE

NAME STREET ADDRESS