2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 OCT 10 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

DOCUMENT # L00000006123

1. Entity Name

SOFAEXCOL USA, LC

Principal Place of Business	Mailing Address
200 KNOLLWOOD DR. KEY BISCAYNE. MIAMI, FL 33149	200 KNOLLWOOD DR. KEY BISCAYNE. MIAMI, FL 33149.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 200 KNOLLWOOD DR.		3. Mailing Address: 200KNOLLWOOD DR.	
Suite, Apt. #, etc.: KEY BISCAYNE.		Suite, Apt. #, etc.: KEY BISCAYNE.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33149	Country: DADE.	Zip: 33149	Country: DADE.

4. FEI Number: 65-1014958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEYDASCH, AXEL 100 NORTH BISCAYNE BLVD, SUITE 3000 MIAMI, FL 33132	Name: ERNESTO HUERTAS Street Address (P.O. Box Number is Not Acceptable): 5545 SW 8th ST #107 City: MIAMI FL Zip Code: 33134

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 [signature]

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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-10/15/01--01052--012
****150.00 ****150.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SOTO, HERNANDO 200 KNOLLWOOD DR. KEY BISCAYNE. MIAMI, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature]