

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90761 032 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000007641

1. Entity Name
PRIELA USA LC



30058663

Principal Place of Business
**3211 PONCE DE LEON BLVD
 SUITE 208
 CORAL GABLES, FL 33134**

Mailing Address
**3211 PONCE DE LEON BLVD
 SUITE 208
 CORAL GABLES, FL 33134**

2. Principal Place of Business
1085 E. 13 Street
 Suite, Apt. #, etc.

3. Mailing Address
c/o 1200 Brickell Avenue
 Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State
Miami, Florida

4. FEI Number
65-1019778

Applied For
 Not Applicable

Zip Country
33010 USA

Zip Country
33131 USA

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

6. Name and Address of Current Registered Agent
**AGRAMUNT, LUIS
 1221 BRICKELL AVE
 SUITE 1100
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
 Name
AGI Registered Agents, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue, Suite 900
 City
Miami FL Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

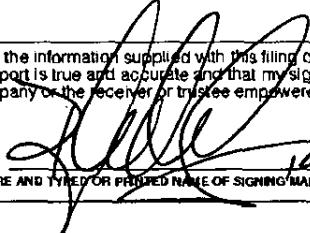
SIGNATURE  **Robert R. Adams, President** **3/24/03**
Signature by authorized officer of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

| 9. MANAGING MEMBERS / MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOMINGUEZ, OSCAR 3211 PONCE DE LEON BLVD STE 208 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Ricardo Lequerica 1085 E. 13 Street Hialeah, FL 33010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 606, Florida Statutes.

SIGNATURE:  **ROBERT R. ADAMS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **in front of MGR** **3/24/03** **(305) 416-6820**
DATE DAYTIME PHONE #

CRZE083 (10/02)