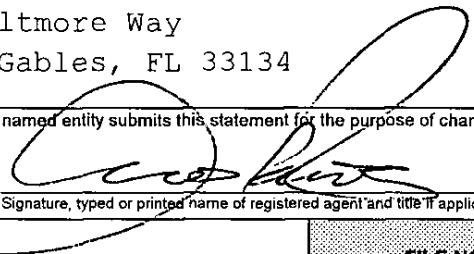
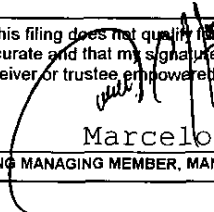


# 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> L00000013739						<b>FILED</b> 01 JUN 28 AM 8:47
1. Entity Name Produtex USA, L.L.C.						
Principal Place of Business 536 Biltmore Way Coral Gables, FL 33134			Mailing Address 536 Biltmore Way Coral Gables, FL 33134			<b>SECRETARY OF STATE</b> <b>Tallahassee, Florida</b>
2. Principal Place of Business 400 Kings Point Dr. Suite, Apt. #, etc. Suite 708 City & State Miami, FL Zip 33160		3. Mailing Address 400 Kings Point Dr. Suite, Apt. #, etc. Suite 708 City & State Miami, FL Zip 33160		DO NOT WRITE IN THIS SPACE		
Country USA		Country USA		4. FEI Number 65-1053629	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent Cuevas, Andrew, Esq. Cuevas & Rubin, P.A. 536 Biltmore Way Coral Gables, FL 33134			7. Name and Address of New Registered Agent Name Polania, Maria Eugenia Street Address (P.O. Box Number is Not Acceptable) 3051 Lime Ct. City Miami FL Zip Code 33133			
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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE		
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b>						
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE	MGR/M <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Trujillo, Jorge Hernan Calle	NAME				
STREET ADDRESS	536 Biltmore Way	STREET ADDRESS	400 Kings Point Dr., Suite 708			
CITY - ST - ZIP	Coral Gables, FL 33134	CITY - ST - ZIP	Miami, FL 33160			
TITLE	MGR/M <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	de Calle, Liliana Navarro	NAME				
STREET ADDRESS	536 Biltmore Way	STREET ADDRESS	400 Kings Point Dr., Suite 708			
CITY - ST - ZIP	Coral Gables, FL 33134	CITY - ST - ZIP	Miami, FL 33160			
TITLE	MGR/M <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Calle, Juan Sebastian	NAME				
STREET ADDRESS	536 Biltmore Way	STREET ADDRESS	400 Kings Point Dr., Suite 708			
CITY - ST - ZIP	Coral Gables, FL 33134	CITY - ST - ZIP	Miami, FL 33160			
TITLE	MGR/M <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Calle, Marcelo	NAME				
STREET ADDRESS	536 Biltmore Way	STREET ADDRESS	400 Kings Point Dr., Suite 708			
CITY - ST - ZIP	Coral Gables, FL 33134	CITY - ST - ZIP	Miami, FL 33160			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY - ST - ZIP		CITY - ST - ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY - ST - ZIP		CITY - ST - ZIP				
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 608, Florida Statutes.						
SIGNATURE: 		Signature, typed or printed name of signing managing member, manager, or authorized representative		Date		
		Marcelo Calle		786-853-4517		
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #		

CR2E083 (11/00)

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\*\*\*\*\*50.00 \*\*\*\*\*50.00