
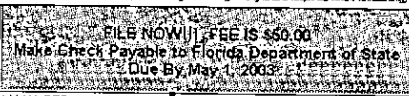
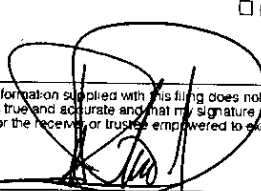


**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90038 038 \*\*\*\*50.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # L0100004674                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                          |  |                                                                   |
| 1. Entry Name<br><b>MEGA USA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                   |                                                                   |
| Principal Place of Business<br>3211 PONCE DE LEON BLVD.<br>SUITE 201<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          | Mailing Address<br>888 BRICKELL AVENUE<br>FIFTH FLOOR<br>MIAMI, FL 33131          |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          | 3. Mailing Address<br><b>888 Brickell Ave</b>                                     |                                                                   |
| Suite, Apt., etc.<br><b>Fifth Floor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | Suite, Apt., etc.                                                                 |                                                                   |
| City & State<br><b>Miami</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | City & State<br><b>Florida</b>                                                    |                                                                   |
| Zip<br><b>33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                                  | Zip                                                                               | Country                                                           |
| 4. FEI Number<br><b>65-1085695</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          | Applied For<br><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<br><b>MONTOYA, EDWARD ESQ.<br/>888 BRICKELL AVENUE<br/>FIFTH FLOOR<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                          | 7. Name and Address of New Registered Agent                                       |                                                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          | Street Address (P.O. Box Number is Not Acceptable)                                |                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          | Zip Code<br><b>FL</b>                                                             |                                                                   |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          | DATE _____                                                                        |                                                                   |
| <small>Signature (typed or printed name of registered agent and title required)</small>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | <small>(NOTE: Registered Agent's signature required when re-registering)</small>  |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                   |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | 10. ADDITIONS/CHANGES                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGR<br/>RIOFRIO, JOSE M<br/>3244 PONCE DE LEON BLVD<br/>CORAL GABLES, FL 33134</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>888 Brickell Ave<br/>Fifth Floor<br/>Miami, FL 33131</b><br><input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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)(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 606, Florida Statutes. |                                                                                                                          |                                                                                   |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | DATE _____                                                                        |                                                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          | <small>Date</small>                                                               |                                                                   |

CR2E063 (10/02)