2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 22, 2008 8:00 am Secretary of State **DOCUMENT # L05000111696** 1. Entity Name 01-22-2008 90118 013 ***143.75 TOUCHE USA, LLC Principal Place of Business Mailing Address 1455 NW 107 AVE. 1455 NW 107 AVE. **600707007 SUITE 268** SUITE 268 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 20-3835527 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Viviana Duorte. PINZON, CATALINA Street Address (P.O. Box Number is Not Acceptable) 1455 NW 107 AVE. SUITE 268 MIAMI, FL 33172 Suite 268 Zip Code 33172. City Miami 8. The above named entity submits this nent 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 redistered agent. SIGNATURE > printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS MGRM BILE Delete TITLE ☐ Change Addition ZULUAGA, LUIS JAVIER MALE NALAF 1455 NW 107 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7P MIAMI, FL 33172 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change Addition ARANGO, MARIA CECILIA NAME NAME 1455 NW 107 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE MGRM Detete TITLE Change Addition NAME ALTERNATIVA DE MODA SA NAME STREET ADDRESS 1455 NW 107 AVE. STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY+ST-ZIP Delete DRE TITLE ☐ Change ☐ Addition PINZON, CATALINA NAME NAME STREET ADDRESS 1455 NW 107AVE. STREET ADDRESS CHTY.ST. 7IP CITY-ST-7P MIAMI, FL 33172 MOR ☐ Defete TITI F Addition RUE ☐ Change NAME DUARTE YIVIONA NAME 1458 NW 107 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 01-13-08 3054999349 SIGNATURE:

E OF BIGHING MAKAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #