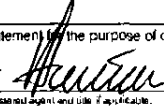
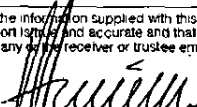


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90694 049 ****50.00

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

DOCUMENT # L99000002469			
1. Entry Name INGENIERIAS ASOCIADAS USA, L.L.C.			
Principal Place of Business 4060 N.W. 132 STREET BAY A OPA LOCKA, FL 33054		Mailing Address 4060 N.W. 132 STREET BAY A OPA LOCKA, FL 33054	
2. Principal Place of Business 3990 NW 132nd St Bay K		3. Mailing Address 3990 NW 132 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. BAY K	
City & State OPA LOCKA FL		City & State OPA LOCKA FL	
Zip 33054	Country USA	Zip 33054	Country USA
4. FEI Number 65-0915774		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEJANDRO RUBIO 4060 N.W. 132 STREET BAY A OPA LOCKA, FL 33054		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3990 NW 132 St Bay K City OPA LOCKA FL Zip Code 33054	
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: MONICA RUBIO  DATE: 04/30/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing.)			
FILE NOW!!! FEE IS \$60.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBIO, ALEJANDRO 8402 NW 70 STREET MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEJANDRO RUBIO 3990 NW 132nd Street, Bay K OPA LOCKA FL 33054
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ 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 606, Florida Statutes.			
SIGNATURE:  MONICA RUBIO / FINAN. MANAGER / 305 3037808 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CH2003 (10/02)