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. Entity Name
INGENIERIAS ASOCIADAS USA, L.L.C.

Principal Place of Business	Mailing Address
4060 N.W. 132 STREET BAY A OPA LOCKA, FL 33054	4060 N.W. 132 STREET BAY A OPA LOCKA, FL 33054

2. Principal Place of Business	3. Mailing Address
3990 NW 132nd St Bay K	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.

☐ CHECK HERE IF MAKING CHANGES

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 [signature] DATE: 04/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
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 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALEJANDRO RUBIO 3990 NW 132 nd Street, Bay K Opa locka FL 33054. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 608, Florida Statutes.

SIGNATURE: [signature] MONICA RUBIO / FINAN. MANAGER / 305 3037808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #