2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 APR 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L99000004820

1. Entity Name
NECA USA, LLC.

Principal Place of Business	Mailing Address
4760 N.W. 165TH STREET MIAMI FL 33014	P.O. BOX 4490 HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0943528 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HELLER, LAWRENCE R GILBRIDE, HELLER & BROWN, P.A. 2 SOUTH BISCAYNE BLVD., STE 1570 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~MAKRO USA INC~~ ~~10855 N.W. 33 STREET~~ ~~MIAMI FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM INTERNATIONAL COMMERCE LTD. 4760 N.W. 165TH ST. MIAMI, FL. 33014 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500004191005--5 -05/09/01--01083--006 *****50.00 *****50.00 ☐ Change ☐ Addition
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CR2E083 (11/00)

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: J. GOLDBERG PRESIDENT 4/13/01 305-624-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #