FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90256 028 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99000006918

1. Entity Name
Ingenios USA, LLC.

960525

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9725 NW 25th st.	9725 N.W. 25th st.
Suite, Apt. #, etc. # 203	Suite, Apt. #, etc. # 203
City & State Miami, FL	City & State Miami, FL
Zip 33178 Country	Zip 33178 Country

4. FEI Number 65-0956087 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Randall L. Sidlosca

Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Ave, Ste 1100

City: Miami FL Zip Code: 33131

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	P
NAME	Julio Vazquez
STREET ADDRESS	9725 N.W. 25 st. # 203
CITY-ST-ZIP	Miami, FL 33178
TITLE	V
NAME	Norma Biaggi
STREET ADDRESS	Caracas, Venezuela.
CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E090A (10/01)

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: _____