FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000036782 1. Entity Name STR USA ENTERPRISE INTERNATIONAL INC. 04-30-2001 90006 037 ***150.00 Principal Place of Business Mailing Address 10365 W. SAMPLE RD. 10365 W. SAMPLE RD. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address 9875 W. SAMPLERS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number 5-0983343 CORDL JPRIVAS JPR.VCS Coesi Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 330 CC W/A W20 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JALES ひじい SALAS, LUIS Street Address (P.O. Box Number is Not Acceptable) 10365 W. SAMPLE RD. CORAL SPRINGS FL 33065 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Change TITLE ☐ Delete TITLE ELJAR. JALAS NAME NAME 9875 W. JARPLE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33065 TITLE Delete TITLE Change R. SALAS NAME NAME 9875 W. SAMOLE FA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE . - - Detete TITLE NAME NAME MARIA C. JALAS STREET ADDRESS 9875 W. SMMPLE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SPRINGS, FL 33065 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 (

SALAC

(954)7554552

Daytime Phone #