2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 02, 2001 8:00 am Secretary of State DOCUMENT # P0000039639 1. Entity Name .FED USA, INC. 02-02-2001 90282 043 ***158.75 Principal Place of Business Mailing Address 4161 NW 5 STREET 4161 NW 5 STREET PLANTATION FL 33317 PLANTATION FL 33317 103458 Mailing Address 2. Principal Place of Business 407193 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 1055 - I Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DARROW, KENNETH F 9350 \$ DIXIE HWY STE 1550 **MIAMI FL 33156** 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criter	ia on back)	Make Check Payable	to Departmen	t of State				
11.	OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERILLE, JOSE 4161 NW 5 STREET PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5D 7000 4161		potein otreet 1, FL 33	□ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	D LAWSON, EDWARD J 4161 NW 5 STREET PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7D Michel 4161	le V. L NW 5	EWSON Street FL 3331	Change Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

13. 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 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 ampowered 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 applications are the proposed of the corporation of the corporation of the receiver or trustee ampowered.

SIGNATURE:

SIGNATURE O OR PRINTED NAME OF SIGNING OFFICER OR DIF