

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91326 014 ***150.00

H00000052389

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046552			
1. Entity Name Covex U.S.A., Inc.			
Principal Place of Business 2655 LEJEUNE RD. SUITE 906 CORAL GABLES FL 33134		Mailing Address 2655 LEJEUNE RD. SUITE 906 CORAL GABLES FL 33134	
2. Principal Place of Business 21 1221 Brickell Avenue, Suite 1100		3. Mailing Address 1221 Brickell Avenue, Suite 1100	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 26	
City & State 23 Miami FL		City & State 27 Miami FL	
Zip 24 33131		Zip 28 33131	
County 25		County	
4. FEI Number 65-1008823		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Luis Agramunt 1221 Brickell Avenue, Suite 1100 Miami, FL 33131		81 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 FL	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida			
SIGNATURE Signatures, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when resigning) DATE			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$350.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PST <input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PST CALVO, FERNANDO 2655 LEJEUNE RD # 906 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CALVO, FERNANDO 2655 LEJEUNE RD # 906 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP UP CALVO, DOLORA 2655 LEJEUNE RD. # 906 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. I do 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 annual report or supplemental annual 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, or on attachments with an address.			
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6-25-2001 Daytime Phone # 305-373-5802	

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