

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

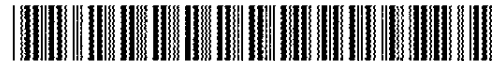
DOCUMENT # P00000048517

1. Entity Name
MOLDECO U.S.A., INC.



Principal Place of Business
**8200 N.W. 10TH ST., SUITE 1
MIAMI, FL 33126**

Mailing Address
**8200 N.W. 10TH ST., SUITE 1
MIAMI, FL 33126**



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1092090

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MESA, BAUDILIO
8200 N.W. 10TH ST., SUITE 1
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept, the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000111823
04/13/04-80036-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MESA, BAUDILIO
8200 N.W. 10TH ST., SUITE 1
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE LA ESPIRELLA P, KATHIA
8200 N.W. 10TH ST., SUITE 1
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEZA DE LA, KATHIA E
8200 N.W. 10TH ST., SUITE 1
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROZO, CARLOS MEZA
8200 N.W. 10TH ST., SUITE 1
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEZA DE LA E, MARIA C
8200 N.W. 10TH ST., SUITE 1
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEZA, JOSE F
8200 N.W. 10TH ST., SUITE 1
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 12 - 10 - 2004

Date Daytime Phone #