APR-30-2001 17:48 SOUTHDOWN, INC.

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90004 005 ***150.00

DOCUMENT # P00000050676

1. Entity Name

Neoris USA, Inc.

Principal Place of Business	Mailing Address

659047

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5201 Blue LAGOON Dr.	1200 Smith Street
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.: Suite 2400
City & State: Miami, FL	City & State: Houston TX
Zip: 33126 Country: USA	Zip: 77002 Country: USA

4. FEI Number: 65-1052483 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Peninsula Registered Agents, Inc. 200 South Biscayne Blvd. 43rd Floor Miami, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	D JUAN PABLO SAN AUGUSTIN 200 S. Biscayne Blvd, 43rd Floor Miami, FL 33131	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	D MARTIN Hecker 200 S. Biscayne Blvd, 43rd Floor Miami, FL 33131	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	D RAMIRO VILLAREAL 200 S. Biscayne Blvd, 43rd Floor Miami, FL 33131	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

(Attach additional sheets if necessary)

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 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 an an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 05/01/01 (MARTIN Hecker)
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

(786)388-3140 TOTAL P.02

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