2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am Secretary of State **DOCUMENT #** P00000051197 1. Entity Name 03-15-2001 90031 009 ***150.00 EGAL USA Corp. Mailing Address Principal Place of Business 15614 S.W. 100th Terr. 15614 S.W. 100th Terr. A0033342 Miami, FL 33196 Miami, FL 33196 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-1014496 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ... 6. Name and Address of Current Registered Agent. Street Address (P.O. Box Number is Not Acceptable) Castaño, Alejandro 15614 S.W. 100th Terr. Miami, FL 33196 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 CR2E034 (11/00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. D/P TITI F Change TITLE Delete Castaño, Alejandro 15614 S.W. 100th Terr. Miami, FL 33196 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition X Delete TITLE Change TITLE D/S Castaño, Ricardo 15614 S.W. 100th Terr. NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Miami, FL 33196 X Change Addition TITLE D/S/T TITLE. Villegas, María P. NAME 15614 S.W. 100th Terr. Miami, FL 33196 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST _ ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Deleta TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 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 supplied ental 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 of 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.

Alejandro Castaño

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

786-489-2779

Daytime Phone #

STF FL32381F.1

SIGNATURE: