FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # POODE OO 55628 1. Entity Name LA CAMPINA USA CURP. 2. Principal Place of Business 300 S. Semoran BLVD Suite. Apt. #. etć. Suite. Apt. #. etć. City & State ORLANDO FORMAND F		JNIFORM BUSIN	Secretary of State					
DO NOT WRITE IN THIS SPACE 2. Processin Pace of increases Sign April 4 etc. Cry 6 State Cry 7 State Cry 7 State Cry 7	DOC	JMENT # PODDO	00 55628					
DOENOT WRITE IN THIS SPACE 2. Percepul Pulse of figuress School School BUD 3. Walking Address School BUD 3. Walking Addr	LA	CAMPINA U	SA CORP.	15.	\ 1			
2. Principal Place of Business 300 S. SCHORAN BIVD 300 S. SCHORAN	CAMP IN			Contract Andrew			man and man and man and and and and and and and and and a	e per mer eminer in
2. Principal Place of Business 300 S. SCHORAN BIVD 300 S. SCHORAN	2000 C	DO NOT WRITE	IN THIS'S	PACE			Company Service Servic	The second of th
Sulle, Apr. 1, etc. Sulle, Apr. 2, etc. Sulle, Apr. 2, etc. Sulle, Apr. 3, etc. Sulle, Apr. 4, etc. Sulle, Ap							The state of the s	To the control of the
Suite, Apt. F. ed. Suite, Apt. F. ed. City & State City & State City & State City & State Country 20 32 807 Country 21 32 807 Country 22 32 807 Country 23 2 807 Country 24 32 807 Country 25 3. Certificate of Status Desired Suite Applies IF, Norma and Address of Current Registered Agent Manne MACTHA L. All MARCE Sirent Aggress IP O. Box Number is Not Acceptable) BO NOT WRITE IN THIS SPACE City CLANDO FL Ingree Agent Space of Current Registered Agent Sirent Aggress IP O. Box Number is Not Acceptable) But In a boove names and visit suited agent and the Leapanese. City CLANDO FL Ingree Agent Space of Current Registered Agent Sirent Aggress IP O. Box Number is Not Acceptable) But In a boove names and visit suited agent and the Leapanese. City CLANDO FL Ingree Agent Space of Current Registered Agent Sirent Aggress IP O. Box Number is Not Acceptable) But In a corporation is elegated to suited, as interrigated Antifer Agent Mayor If Fee is \$5500. Agent Mayor If Fee is \$5500. Agent Agent Mayor If Fee is \$5500. Agent Agent Mayor If Fee is \$5500. Agent Agent Mayor If Fee is \$5000. Agent Mayor If Fee is	2. Principal	Place of Business	3. Mailing Address	TANK ALL	Lacinar si da			
City & State City & State City & State City & State County 3 2 80 7 County 3 2 80 7 County 3 2 80 7 County To Manne and Address of Status Desired Feet Required F	Suite, Apl	t # etc.		MDRAN .	BIVD		• •	
2 P 3 2 8 0 7 County 4 5 Certificate of Status Desired — \$8.75 Additional Federal Federal Additional Federal Federal Additional Federal Fed			Stille, Apt. #, etc.		ı	DO	NOT WRITE IN THIS SPAC	ε
32 807 County 32	City & Sta	lando FL		~~~		4. FEI Number		Applied For
PONOT WRITE INTEHIS SPACE INTERIOR OF PRINT AND ADDRESS			Zin	Country		.59	-365-2012	Not Applicable
T. Name and Address of Current Registered Agent Name MARCH MAR	328	0-1 ORANGE	32807		Re	5. Certificate of Status	Desired \$8.7	75 Additional
BO NOT WRITE IN THIS SPACE Sireet Address (P.O. Box Number is Not Acceptable) On CRAMID FL Zing-Oge 80 7 The above name purity submed this statement for the purpose of changing its registered office or registered ogens, or both, in the State of Florida. SIGNATURE Signature in proof or principle and the considered application of August 28. Philappalia proof of principle and the considered application of August 28. Philappalia proof of the purpose of changing its registered office or registered ogens, or both, in the State of Florida. SIGNATURE Signature in proof of principle and the considered application of August 28. Philappalia principle and the considered application of August 28. Philappalia principle and the considered application of August 28. Philappalia principle and the considered application of August 28. Signature in the State of Florida. Signature in the		one the large to the second of the		Zarla .	7	. Name and Address o	f Current Registered Ager	nt
IN THIS SPACE City CLIANUP S. The above nameportry submits but statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, there are present only or registered agent a	3475	DO NOT W	DITE		MAR		Al VAREZ	
8. The above name part of supports his statement for the purpose of changing is registered effice or registered agent, or both, in the State of Florida. SIGNATURE Signature, speed a peniet no extraorizement apart and florid applicable. 10. This corporation is eligible to sarsky its fitting pible. Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS The above name part of the purpose of changing its registered agent, or both, in the State of Florida. 11. OFFICERS AND DIRECTORS The above name part of the purpose of changing its registered agent, or both, in the State of Florida. 12. An an analysis of the purpose of changing its registered agent, or both, in the State of Florida. 13. United Suppose of Changing its registered agent, or both, in the State of Florida. 14. An analysis of the purpose of Changing its registered agent, or both, in the State of Florida. 15. An analysis of the purpose of Changing its registered agent, or both, in the State of Florida. 16. Election Campaign Financing Trust Fund Contribution. 17. Election Campaign Financing Trust Fund Contribution. 18. Election Campaign Financing Trust Fund Contribution. 19. State Analysis of Trust Fund Contribution. 10. Election Campaign Financing Trust Fund Contribution. 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. An analysis of Trust Fund Contribution. 13. Election Campaign Financing Trust Fund Contribution. 14. An analysis of Trust Fund Contribution. 15. An analysis of Trust Fund Contribution. 16. Election Campaign Financing Trust Fund Contribution. 17. Election Campaign Financing Trust Fund Contribution. 18. Election Campaign Financing Trust Fund Contribution. 19. Election Campaign Financing Trust Fund Contribution. 10. Election Campaign Financing Trust Fund Contribution				Street	Address (P.	O. Box Number is Not A	ccentable	1/2
FL OFFICERS AND DIRECTORS THE ADDRESS THE		E IN SHID SP	ACE PROPERTY			<u>J. SCIII.</u>	DETE DI	
The above name entry submiss his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Submiss his 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 sairly its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. Make Check Payable to Department of State 13. Make Check Payable to Department of State 14. OFFICERS AND DIRECTORS 15. Make Check Payable to Department of State 16. Election Campaign Financing 17. Trust Fund Contribution. 25.00 May Brade Unit (State State St				City		/. 0		
SIGNATURE Signature Depositor or protect or protect on year and visit of apparature. 9. This corporation is eligible to saintly its titiangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. Affire index to Department of State 2. 13. Silver Address 3. 14. Silver Address 3. 15. Silver Address 5. 16. Election Campaign Financing Trust Fund Contribution. 16. Silver Address 5. 17. Silver Address 5. 18. Silver	8. The above	nameCaen by submits this statement for	the purpose of the	A STATE OF			FL. Zi	32807
Symmetric speed or period no less majorane and the elegation Agent segment recommendation of applications. 9. This corporation is eligible to satisfy its intangible. Tax filling requirement and elects to do so. After May 19 Fee is \$550.00 mg	₹-		we purpose or changing its	registered office	or registered	d agent, or both, in the St	ate of Florida.	,
9. This corporation is eligible to sainly its intangible Tax filling requirement and elects to do so. (See circleria on back) After May 1: Fee is \$550.00 c. After May 1: Fee is \$550.00 c.	SIGNATURE.	X William					4/30/02	_
After May III, receipt entert and elects to do so. [See criteria on back] 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. Make Check Payable to Department of State 13. Make Trust Fund Contribution. 14. OFFICERS AND DIRECTORS 15. Make Trust Fund Contribution. 16. Election Campaign Financing Trust Fund Contribution. 17. Make Trust Fund Contribution. 18. Make Trust Fund Contribution. 18. Election Campaign Financing Trust Fund Contribution. 18. Make Trust Fund Contribution. 18. Election Campaign Financing Trust Fund Contribution. 18. Election Campaign Financing Trust Fund Contribution. 18. Make Trust Fund						Pea relestating)	DATE	
Amended UBR's 561:25 Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees	9. This corpo	ration is eligible to satisfy its Intangible equirement and elects to do so	January 1 - M	ay 10 Fee is \$15	50:00 E	10 Floring Com		
THE MAME THE ADDRESS THE ADDR	(See criteri	ia on boat.)	Amended Amended	LIBRIGISSIOS	为于是股	COMPLET TRANSPORT	and the state of t	
MARCHADORESS OTV-ST-2IP THE AME TREET ADDRESS OTV-ST-2IP THE TREET ADDRESS OTV-ST-2IP TREET ADDRESS OTT ST-2IP TREET A		OFFICERS AND D	IRECTORS		the same of the same of	AC- 13.11		
STREET ADDRESS THE TADRESS THE		P/T/D/S	•	mie si gas	V. 1374			
THE AME TREET ADDRESS TREET AD	_	MARTHA LOCK	VAREZ	1	1		Marin Politica	
THE AME TREET ADDRESS TOTY ST. ZIP TITLE AME TREET ADDRESS TOTY ST. ZIP TOTS T.	DITY-ST-ZIP	OR LAWDO, +	32807	and a morning		er en		
TREET ADDRESS TITY ST. ZIP TITLE AME TITLE				Dill French Line				F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS TITLE AME TREET ADDRESS TY-ST-ZIP TITLE MAE TREET ADDRESS TY-ST-ZIP TITLE MAE ME ME ME ME ME ME ME ME	i	· .		NAME			Service of the servic	MENSE AND E
THE AARE AARE AARE AARE AARE AARE AARE AAR				DOMESTIC STATE AND ADMINISTRATION OF THE			ero-Teacher.	
IREET ADDRESS TY-ST-ZIP IREET ADDRESS CITY: ST-ZIP IREE ME M	TLE			*** *** * *** ************************	ONLY OF		27 7 112 3% 9730 <u>1</u>	
STREET ADDRESS WEET ADDRESS TV-ST-ZIP LE ME			_	57 St. 18 St		E C-PINA	and Article	
REET ADDRESS TY-ST-ZIP LE ME SEET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. LE ME M			2.	TO THE PARTY OF THE ASSESSMENT	# 337			
REET ADDRESS TY-ST-ZIP LE LE LE ME LE ME LE ME LE ME M	TLE			Landers and Manager	ALE I	A SAME OF THE PARTY OF THE PART		
SIREET ADDRESS CITY ST. 7IP FS LE ME TITLE NAME 1 SIREET ADDRESS SIREET ADDRESS CITY ST. 7IP LE ME ME ME ME ME ME ME ME ME			• • • ·	ASSESS OF BOOK 15 BOOK		INTH	SSPACE	3.50
ME ME TITLE NAME 27 SERT ADDRESS STREET ADDRESS CITY ST 2IP LE ME ME				"我们的"我们"	Agi e Sa			
ME SEET ADDRESS Y ST-ZIP. LE ME ME				*CITY:ST-7IP**				
STREET ADDRESS CITY'ST-ZIP LE ME	<i>,</i> , ,			ASS. No. 1004 DESCRIPTION OF THE PROPERTY OF T		-		NA TRACTA
T ST-ZIP. LE ME				and the second second				
ME TILE			<u></u> i					
	II.			Tince Total				
	1		İ	NAME 2				
Y-ST-ZIP	1			William Control of				
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 of the corporation or the receiver or irustee empowered to execute this report as required by Chapter 607, Florida Statutes, with all other like empowered to execute this report as required by Chapter 607, Florida Statutes, and that my same ascertain in 1997 and officer or director	I hereby cen	tify that the information supplied with this	filing does not qualify facility	Service and and service and a	on a design	STATES CONT.		