FILED
Jun 17, 2002 8:00 am
Secretary of State
05-21-2002 90875 027 ***158.75

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DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068895

1. Entity Name

ACOEXAL USA, INC

Principal Place of Business	Mailing Address
1944 ASPEN LANE WESTON FL 33327	1944 ASPEN LANE WESTON FL 33327

2. Principal Place of Business	3. Mailing Address
1944 ASPEN LANE WESTON	1944 ASPEN LANE WESTON
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON	City & State
Zip: 33327 Country: U.S.A.	Zip Country

4. FEI Number 65-1025433 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ARANSUREN ALEJANDRO
1944 ASPEN LANE
WESTON FL 33327

7. Name and Address of New Registered Agent

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 [signature] A. ARANGUREN. 04-28-02.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00 After May 1, 2002 Fee will be $550.00 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS ARANGUREN ALEJANDRO 1944 ASPEN LANE Weston Fl 33327	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIVERA GUILLERMO CASAS CENTRO COMERCIAL ... CREDITO APDO AEREO 40009 CARTAGENA COL.	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD. VERA JAIME 1944 ASPEN LANE WESTON FL. 33327	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: [signature] 04/28/2002 (954)385-5835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #