

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000075769

1. Corporation Name

TUCSON U.S.A. DISTRIBUTORS, INC.

FILED

03 MAR -7 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5510 N.W. 35TH COURT
MIAMI FL 33142

5510 N.W. 35TH COURT
MIAMI FL 33142



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/2000

5. FEI Number

APPLIED FOR

65-1158127

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ELIZEE, YONEL	1643 BRICKELL AVENUE, #2201	MIAMI FL 33129
P	CAYARD, LIONEL	600 N.E. 50 TERRACE	MIAMI FL 33137
VPST	ELIZEE, MARHANGES	1643 BRICKELL AVENUE #2201	MIAMI FL 33129

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02-03 432

8. Name and Address of Current Registered Agent

SEGREGO, FRANK J ESQ.
901 PONCE DE LEON BLVD STE 701
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
FRANK J. SEGREGO

Street Address (P.O. Box Number is Not Acceptable)
9350 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.
SUITE 1500

City
MIAMI, FLORIDA

State
FL

Zip Code
33156

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 2/4/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-03 305 635-5757

CR2ED00 (8/02)