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1. Entity Nar	JMENT # P0000 OX U.S.A., INC.	0077317		SECRETARY OF STATE OF SERVICE OF STATE OF SERVICE OF STATE
				01 SEP 25 PM 4: 27
Principal Place 904 SLOEWO LAKE MARY		Mailing Address 904 SLOEWOOD CT LAKE MARY FL 32746		
2. Principal F	Place of Business	3. Mailing Address	Pastriar	
Suite Apt	1- OC: 11 V 1111 1 (VV 1-7	285 W. (ENTR Suite) Apt. #, etc. 1706	AL TARKWAY -	DO NOT WRITE IN THIS SPACE
City & Sta Altamo	onte Springs	ALTAMOUTE SPE	RINGS, FL 327K	
327	6. Name and Address of Current R	32714	USA	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
	o. Name and Address of Corrent R	egistered Agent	Name '	7. Halle and Address of New Registered Agent
904 SLO	GEORGE E DEWOOD CT ARY FL 32746	and the second of the second of	Street Addres	ess (P.O. Box Number is Not Acceptable)
DAIVE MA	INT FL 32/40		City	FL Zip Code
SIGNATURE 	·	nd title if applicable. (NOTE:	Registered Agent signature requirements of the second signature requirements of the s	10 Flection Campaign Financing #5.00 www.n
	eria on back)	_1	le to Department of S	State
11. TITLE	OFFICERS AND D	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	MEYOMAN, ANGELA	<u> </u>	NAME	
			STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP TITLE IAME STREET ADDRESS	LAKE MARY FL 32746 D MUNIZ, GEORGE E	Delete	CITY-ST-ZIP TITLE NAME	□ Change □ Addit SOOO046144056 -09/27/0101092008
OTTY-ST-ZIP OTTLE IAME STREET ADDRESS OTTY-ST-ZIP OTTLE IAME STREET ADDRESS	LAKE MARY FL 32746 D MUNIZ, GEORGE E 904 SLOEWOOD CT LAKE MARY FL 32746 D BUKNER, ROMAN	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS

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 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 trusted 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 approach, with all other like empoyered.

SIGNATURE:

SIGNATURE:

Date

Da

STREET ADDRESS

CITY-ST-ZIP



9-18-01

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302

Attention: Division of Corporations,

I am writing this letter to explain why we are sending \$150.00. Due to not receiving any previous notices: We are paying the \$150.00. We called the Division of Corporations and spoke to Deidra, and she stated that the previous notices were sent to a wrong address and therefore we had only received this one.

If there are any questions please call me at 407-772-7292.

Herry & M

George Muniz

President

Romynox U.S.A. Inc.

cc / C.Landaeta