2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P0000077660 KC USA COMPUTERS, CORP. 03-26-2001 90029 046 ***150.00 Principal Place of Business Mailing Address C/O-ROTH, ROUSSO & BENJAMIN, P.A. Delate 0/0 ROTH. ROUGGO & BENDAMIN. P.A. Delete 9350 SOUTH DIXIE HWY., PH 2 9350 SOUTH DIXIE HWY.. PH 2 MIAMI-FL 33156 MIAMI FL-33156-2. Principal Place of Business 3. Mailing Address 10760 S.W 46 ST 10706 S.W. 46 ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State MDAML, SFL City & State MIAMI Applied For 65-1032321 . FL 45 Not Applicable Zip 33165 Country \$8.75 Additional 5. Certificate of Status Desired USA 33165 USA Fee Required 6. Name and Address of Current Registered Agent. ~7.-Name and Address of New Registered Agent BAIGORRIA, GABRIEL -- ROTH, LEONARDO A JEGO. -Street Address (P.O. Box Number is Not Acceptable) -C/O.ROTH, ROUSSØ & BENJAMIN, P 9850 SOUTH DIXIE HWY... PH 2 City MIAMI ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits SIGNATURE ! of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 XXChange ' Addition TITLE □ Delete TITLE BAIGORRIA, GABRIEL NAME NAME 10706 S.W. 46 ST ALBERTI 3390, MAR DEL STREET ADDRESS STREET ADDRESS MIAMI, FL 33165 CITY-ST-7IP PLATA, ARGENTINA 0223 CITY-ST-ZIP TITLE ☐ Delete ***Change ☐ Addition BAIGORRIA, GABRIEL NAME NAME 10706 S.W. 46 ST STREET ADDRESS ALBERTI 3390, MAR DEL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLATA, ARGENTINA 0223 MIAMI, FL TITLE:----. Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empowers of 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 a true the empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR