2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 2001 8:00 am Secretary of State DOCUMENT # P0000080091 1. Entity Name 05-16-2001 90189 027 ***150.00 AMI ERITREA USA, INC. Mailing Address Principal Place of Business 8290 LAKE DRIVE #316 8290 LAKE DRIVE #316 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 6780 NW37 Ave 6780NW37AVE DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State MIAMI MIGM Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 33/99 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAKONNEN AFEWORK, MAKONNEN Street Address (P.O. Box, Number is Not Acceptable) 8290 LAKE DRIVE #316 MIAMI FL 33166 City MIAMI 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 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable voed or printed name of register FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE Delete TITLE AFEWORK, MAKONNEN NAME NAME STREET ADDRESS 8290 LAKE DRIVE #316 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

FILED

Daytime Phone #