SIGNATURE:

TYPED OR

May 15, 2002 8:00 am & Secretary of State **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) P00000099672 DOCUMENT # 1. Entity Name KEHR USA, INC. Principal Place of Business Mailing Address 407 LINCOLN ROAD, SUITE 5-B 407 LINCOLN ROAD. SUITE 5-B MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address SAME 300 W. MENAB RD Suite, Apt. #, etc. **2**19 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1049199 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH ß. SUAREZ ANDERSON, DON Street Address (P.O. Box Number is Not Acceptable) 8901 BYRON AVENUE SURFSIDE FL 33154 7300 W. Mc NAB RD Zio Code 3332 / 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 of registered agent and 🕪 if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See cłiteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT TITLE PD ☐ Change Delete KEHR, RAJIV NAME NAME Joseph B. Suhrez 8901 BYRON AVE. STREET ADDRESS STREET ADDRESS 7300 W.Mc NAB RD #219 SURFSIDE FL 33154 CITY-ST-ZIP CITY-ST-ZIP TAMARAC, FL 33321 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE: Delete: Change ___ Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE 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 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 thus 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 of the corporation or the changed, or on an attach

AECTOR