FILED

UNIFORM BUSINESS REPORT (UBR)					Jul 16, 2003 8:00 am Secretary of State	
DOCUMENT 1. Entity Name AQP USA . CORI		0112679			07-16-2003 90048 03	
Principal Place of Busine 7915 SW 17TH ST MIAMI FL 33155		Mailing Address 7915 SW 17TH ST MIAMI FL 33155		ž.,		
2. Friticipal Flace of Busiless						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4.	FEI Number 65-1089159	Applied For Not Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7.	Name and Address of New Registered	<u></u>
DETOADO OTTO			Name			
DELGADO, STEVE			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33155			·			
<u>,,,</u>	X		City		FL	Zip Code
	ity submits this statement for stered agent.	the purpose of changing its	s registered office or req	gistered a	gent, or both, in the State of Florida. I am I	familiar with, and accept
SIGNATURE	d or printed name of registered agent a	nd title if applicable. (NO	E: Registered Agent signature n	equired when	reinstating) DATE	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				·	9. Election Campaign Financing Trust Fund Contribution. C	\$5.00 May Be Added to Fees
10.	OFFICERS AND [DIRECTORS	11,	Á	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE PD		Delete	TITLE			☐ Change ☐ Addition
	o, steve		NAME			
	/ 17TH ST		STREET ADDRESS			
CITY-ST-ZIP MIAMI F	L 33155		CITY-ST-ZIP			
TITLE VD		Delete	TITLE			☐ Change ☐ Addition
	O, CHRISTIAN		NAME			
	/ 17TH ST		STREET ADDRESS			
CITY-ST-ZIP MIAMI F	L 33155		CITY-ST-ZIP			
TITLE SD	,	☐ Delete	TITLE	_		☐ Change ☐ Addition
NAME DELGAD			, NAME			:
	/ 17TH ST		STREET ADDRESS			
CITY-ST-ZIP MIAMI FI	L 33155		CITY-ST-ZIP		and the same of th	

CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DE DELGADO, NANCY

7915 SW 17TH ST

MIAMI FL 33155

☐ Delete

☐ Delete

(968-3538)

Change

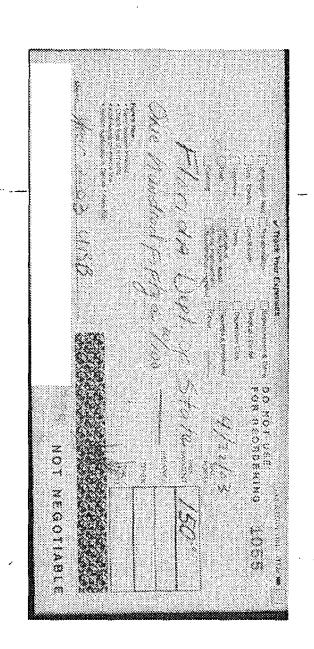
☐ Change

■ Addition

Addition

Affachment

80131599 # PADO001126.79



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