FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am Secretary of State P01000008373 DOCUMENT # 1. Entity Name 03-13-2002 90074 021 ***150 00 ALEXIS WORLDWIDE (USA), INC. Principal Place of Business Mailing Address 010004 777 BRICKELL AVENUE SUITE 500 777 BRICKELL AVENUE SUITE 500 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 1001 Brickell Bay Dr. 1001 Brickell Bay Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 2908 Suite 2908 City & State Applied For City & State 4. FEI Number Miami, FL _.65-1072996 Not Applicable Miami, FL Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П 33131 Fee Required U.S.A. 33131 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLC Corporate Services, Inc. SLC CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2908 777 BRICKELL AVENUE SUITE 500 **MIAMI FL 33131** City Miami Zip Code 33131 8. The above named entity submits this statement for the analiging its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed nar 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 criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE TITLE ☐ Addition CR2E034 (9/01 ☐ Delete D PEREIRA, JOAO CARLOS R NAME NAME Pereira, Joao Carlos R 777 BRICKELL AVENUE SUITE 500 STREET ADDRESS STREET ADDRESS 1001 Brickell Bay Dr., Ste. 2908 CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Miami, FL 33131 Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change 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 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 trueted 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 otherwise empowered.