FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91203 018 ***550.00

B0124332

DOCUMENT # P01000021389

1. Entity Name
COUNTRY USA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7300 SW 100th Ct	7300 SW 100th Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida 33173	City & State: Miami, Florida 33173
Zip / Country	Zip / Country

4. FEI Number: 65-1128 367 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Hugo P. Lepre
Street Address (P.O. Box Number is Not Acceptable): 7300 SW 100th Ct
City: Miami **FL** Zip Code: 33173

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: _____ Hugo P. Lepre 05/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		Additions/Changes to Officers and Directors	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lepre, Hugo P. 7300 SW 100th Ct. Miami, Florida 33173	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Bustamante, Horacio A. Calchaques 150 Villa Carlos Paz Republica Argentina	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Bustamante, Horacio A. 1390 Brickell Avenue, Sutie 200 Miami, Florida 33131 CHANGE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Manguplite, Luiscio A. Calchaques 150 Villa Carlos Paz Republica Argentina	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mangupli; Luis A. 1390 Brickell Avenue, Suite 200 Miami, Florida 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Hugo P. Lepre, President 05/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (305) 371-5540