2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90100 005 ***150.00

DOCUMENT # P01000035563

1. Entity Name
COMERINDU-USA CORP.

Principal Place of Business
~~11420 N. KENDALL DR., SUITE 112~~
~~MIAMI FL 33176~~

Mailing Address
~~11420 N. KENDALL DR., SUITE 112~~
~~MIAMI FL 33176~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9601 SW 142 Ave	9601 SW 142 Ave
Suite, Apt. #, etc. 419	Suite, Apt. #, etc. 419
City & State MIAMI, FLORIDA	City & State MIAMI FLORIDA
Zip 33186 / Country Dade	Zip 33186 / Country Dade

4. FEI Number 65-1093419 — Applied For / Not Applicable

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 Agent
MAZZA-MARTINEZ, TANIA 11420 N. KENDALL DR., SUITE 112 MIAMI FL 33176	Name: TANIA MAZZA MARTINEZ Street Address (P.O. Box Number is Not Acceptable): 9601 S.W. 142 Ave apt #419 City: MIAMI FL Zip Code: 33186

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 X
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/10/02

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

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	PENA, MILAGROS	NAME	MILAGROS PENA
STREET ADDRESS	11420 N. KENDALL DR., SUITE 112	STREET ADDRESS	9601 SW 142 Ave #419
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI, FLORIDA 33186
TITLE	VD ☐ Delete	TITLE	VD ☒ Change ☐ Addition
NAME	REIMY, MANUEL A	NAME	MANUEL REIMY
STREET ADDRESS	11420 N. KENDALL DR., SUITE 112	STREET ADDRESS	9601 SW 142 Ave #419
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI, FLORIDA 33186
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	PENA, ALVARO E	NAME	ALVARO PENA
STREET ADDRESS	11420 N. KENDALL DR., SUITE 112	STREET ADDRESS	9601 SW 142 Ave #419
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI, FLORIDA 33186
TITLE	☐ 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	☐ 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 true and accurate and that my signature shall have the same 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.

SIGNATURE: X SIGNATURE REQUIRED FIRMA 4/10/02 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)