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

MAZZA-MARTINEZ, TANIA
11420 N. KENDALL DR., SUITE 112
MIAMI FL 33176

7. Name and Address of New Registered Agent

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 _____ 4/10/02
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PENA, MILAGROS 11420 N. KENDALL DR., SUITE 112 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILAGROS PENA 9601 SW 142 Ave #419 MIAMI, FLORIDA 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REIMY, MANUEL A 11420 N. KENDALL DR., SUITE 112 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANUEL REIMY 9601 SW 142 Ave #419 MIAMI, FLORIDA 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENA, ALVARO E 11420 N. KENDALL DR., SUITE 112 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVARO PENA 9601 SW 142 Ave #419 MIAMI, FLORIDA 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 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 #