2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000035779

1. Entity Name
COLMEX USA GROUP, INC.

FILED
05 FEB 28 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~3440 HOLLYWOOD BLVD, SUITE 360~~ ~~HOLLYWOOD, FL 33021~~	~~3440 HOLLYWOOD BLVD, SUITE 360~~ ~~HOLLYWOOD, FL 33021~~

02152005 REIN-P CR2E098 (6/04) MRD

2. Principal Place of Business	3. Mailing Address
2211 S. University Dr.	18851 NE 29th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 900
City & State: Davie, FL	City & State: Aventura, FL
Zip: 33324 Country: USA	Zip: 33180 Country: USA

4. FEI Number: 65-1094006 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
%ROTH, ROUSSO & DARRACH, P.A.
~~3440 HOLLYBLVD, STE 360~~
~~HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29th Avenue, Ste #900.
City: Aventura FL Zip Code: 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Leonardo A. Roth 02/22/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

REINSTATEMENT 04-05

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CITCIOGLU, EDUARDO ~~10733 LENOX RD~~ ~~COOPER CITY, FL 33026~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2211 S. University Drive Davie, FL 33324	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700048399767 03/15/05--01007--023 **900.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature], Eduardo Citcioglu, President 02/22/05 (954) 258-9493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #