FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 10, 2002 8:00 am Secretary of State

DOCUMENT # P01000054420 1. Entity Name COMERCIAL SM & CIA LIMITED USA, INC.					04-10-2002 904	49 044 *	**150.00
D	O NOT WRITE	IN THIS SI	PACE	=	D 0-m/o sec	a la companya di managan di manag	
	Place of Business OMMODORE PLAZA	3. Mailing Address 3138 COMMO	DORE	PLAZA	B0064353		
Suite, Apt. 313	. #, etc.	Suite, Apt. #, etc. 313			DO NOT WRITE IN THIS SPACE		
City & Stat		City & State COCONUT GROVE, FL			4. FEI Number 65-1113295		Applied For Not Applicable
Zip 33133	Country USA	Zip 33133	Country	ý	5. Certificate of Status Desired	\$8.75 / Fee Req	Additional uired
				Name	7. Name and Address of Current Registe	red Agent	
DO NOT WRITE				ORLANDO CUETER			
				Street Address (P.O. Box Number is Not Acceptable) 3138 COMMODORE PLAZA			
	IN THIS SP	ACE		313			
				City COCONUT GROVE FL 33133			
8. The above	e named entity submits this stateme	nt for the purpose of char	nging its reg		registered agent, or both, in the State of Flo	rida.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	pration is eligible to satisfy its Intang	ible January	I - May 1 F	ee is \$150.00			
Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee Is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution Make Check Payable to Department of State							5.00 May Be Ided to Fees
11,	OFFICERS AND	DIRECTORS	5.5.0				£
TITLE NAME	PRESIDENT ORLANDO CUETER	•	TITLE	: 30 (20 (30 (30 (30)			CR2E034B (1201)
STREET ADDRESS	3138 COMMODORE	PLAZA 313	i si i si s	ET ADDRESS			348
CITY - ST - ZIP	COCONUT GROVE,	FL 33133	TITLE	- ST - ZIP			ZZEC
NAME			NAME	10.0000.0000.0000			5
STREET ADDRESS			2001001114	ET ADDRESS - ST - ZIP			
CITY - ST - ZIP			TITLE			och se seek bigg <u>. 10</u> Despendente seek bigg Ender seek seek	
NAME			NAME	. 5. 1. 5. 1. 5. 1. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
STREET ADDRESS			\$112033	ET ADDRESS - ST - ZIP	DO NOT WR	ITE	
TITLĖ		· · ·	TITLE		IN THIS SPA	CE	
NAME STREET ADDRESS			NAME	ET ADDRESS			
CITY - ST - ZIP			10110111	ST - ZIP			
TITLE			TITLE	nna sakna i gnasa <mark>r</mark> akakada			
NAME STREET ADDRESS			NAME STRE	ET ADDRESS			
CITY - ST - ZIP			CITY	- ST - ZIP			
.TITLE			TITLE	raki galakupa (gale <mark>k</mark> apa agala			
NAME STREET ADDRESS			20809	ET ADDRESS			
CITY - ST - ZIP				+ST - ZIP	1. 0. d. 440.07(0) 51 61 61		that the
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 poport 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 opporation 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 open attachment with an address, with all other like empowered.							
SIGNATI	URF:		7		04/01/02		
SIGIVATION	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNI	NG OF ICER	OR DIRECTOR	Date Day	time Phone #	: