## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000057198 1. Entity Name INALCECA USA, INC. 05-12-2002 90625 020 \*\*\*150.00 Principal Place of Business Mailing Address 9900 STIRLING ROAD, SUITE 222 9900 STIRLING-ROAD, SUITE 222 HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address 8180 NW 8180 NM 26 ST Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 100 City & State City & State 4. FEI Number Applied For 65-1111201 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOVAR DEL CORRAL, JOSE G ARIAS TOVAR & ASSOCIATES, P.A. 9900 STIRLING ROAD, SUITE 222 HOLLYWOOD FL 33024 The above named entity submit burpose of changing its registered office or registered agent, or both, in the State of Florida G. TOYAR SIGNATURE Signature, typed or crint 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTSD TITLE □ Delete TITLE PRESIDENT &TREASUREED Chánge NAME HURTADO YANEZ, GUILLERMO J NAME HURTADO YANEZ, GUILLERMO J-STREET ADDRESS 9900 STIRLING ROAD, SUITE 222 STREET ADDRESS 8180 NW 36 ST, SUITE 100 MIAMI, FL 33166 CITY-ST-7IP HOLLYWOOD FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE VPD. Change Addition NAME MACILINO, GABRIEL HURTADO NAME HURTADO, GABRIEL STREET ADDRESS 9900 STIRLING ROAD, SUITE 222 STREET ADDRESS 8180 NW 36 ST CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP TITLE Delete TITLE SECRETAR) 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-718 CITY-ST-ZIP TITLE Part of the Comment o □ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

02/06/2002 SIGNATURE:

CR2E034 (9/01)