

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

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90370 014 \*\*\*150.00

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**DOCUMENT #** P01000061284

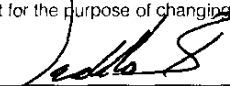
1. Entity Name  
**ANBRICAM USA, INC.**

2. Principal Place of Business <b>888 Brickell Avenue</b> Suite, Apt. #, etc. <b>5th Floor</b>		3. Mailing Address <b>888 Brickell Avenue</b> Suite, Apt. #, etc. <b>5th Floor</b>	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>	
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent  <b>Juan Vicente Urdaneta</b> <b>888 Brickell Avenue, 5th Floor</b> <b>Miami, Florida 33131</b>	<b>NEW</b> 7. Name and Address of Current Registered Agent	
	Name <b>Alvaro Castillo, Esquire</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>1390 Brickell Avenue</b>	
	<b>Suite 200</b>	
	City <b>Miami,</b>	FL Zip Code <b>33131</b>

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  DATE **3-15-02**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		CHANGE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Harry Acquatella</b> <b>888 Brickell Avenue, 5th Floor</b> <b>Miami, Florida 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/President</b> <b>Harry Acquatella</b> <b>1390 Brickell Avenue, Suite 200</b> <b>Miami, Florida 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Greta de Acquatella</b> <b>888 Brickell Avenue, 5th Floor</b> <b>Miami, Florida 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/Secretary</b> <b>Greta de Acquatella</b> <b>1390 Brickell Avenue, Suite 200</b> <b>Miami, Florida 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all the like empowered.

**SIGNATURE:**  **President** **3-15-02** **(305) 371-5540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harry Acquatella** Date Daytime Phone #

CR2E034B (12/01)