2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2007 8:00 am Secretary of State DOCUMENT # P01000066385 03-26-2007 90062 041 ***150.00 YA SISTEMAS CORP. Principal Place of Business Mailing Address 400dTroa 9130 S DADELAND BLVD 9130 S DADELAND BLVD **SUITE 1600** SUITE 1600 MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. 02082007 Chq-P CR2E034 (12/06) City & State City & State Applied For 4. FFI Number 65-1121936 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUZMAN, MARIO L Street Address (P.O. Box Number is Not Acceptable). Site 1600 9130 DADELAND BLVD. **SUITE 1504** MIAMI, FL 33156 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 PD TITLE ☐ Delete TITLE ☐ Change Addition YANNIBELLI, SERGIO EDUARDO NAME NAME STREET ADDRESS SARMIENTO 1889 FLOOR 4 A STREET ADDRESS CITY - ST - ZIP BUENOS AIRES ARGENTINA, BA 1057 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change ☐ Addition NAME FERNANDEZ, CLAUDIO ANDRES STREET ADDRESS SARMIENTO 1889 FLOOR 4 A STREET ADDRESS CITY-ST-7IP **BUENOS AIRES ARGENTINA, BA 1057** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of trustee encouvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter of the corporation of the receiver of trustee encouvered.

changed, or on an attachment

SIGNAT

SIGNATURE:

FILED