FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 06, 2002 8:00 am Secretary of State P01000074551 DOCUMENT # 1. Entity Name 05-06-2002 90050 047 ***150.00 MM USA, CORP. Mailing Address Principal Place of Business 999 BRICKELL AVENUE. SUITE 700 999 BRICKELL AVENUE, SUITE 700 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 789 Goodom Blud, Ocan alit 789 Crandom Blud, Ocean Clu DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Tower 1, Suite 1104 1 Applied For 4. FEI Number City & State City & State Not Applicable 80 -000488° Buscaine Country \$8.75 Additional Countr: 5. Certificate of Status Desired Fee Required Dade Lount 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRISALES & ALFONO, LLC. Street Address (P.O. Box Number is Not Acceptable) 999 BRICKELL AVENUE, SUITE 700 **MIAMI FL 33131** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 '9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME DOMINGUEZ DIBB, REYNALDO NAME 789 CRANDOM BLVD. OCEAN CLUB TOW. 1 #1104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-ZIP ☐ Change Addition TIT) F Delete TITLE SD NAME DOMINGUEZ RUIZ-DIAZ, MARIA M NAME STREET ADDRESS 789 CRANDOM BLVD. OCEAN CLUB TOW., 1 #1104 STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE **VPD** NAME DOMINGUEZ RUIZ-DIAZ . MARIA SOLEDAD NAME STREET ADDRESS 789 CRANDOM BLVD. OCEAN CLUB TOW. 1 #1104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **KEY BISCAYNE FL 33149** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: