FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 1. Entity Name PO1000077316 Engeper America Corp. DO NOT WRITE IN THIS SE 2. Principal Place of Business 1010 Bunnell Rd. 3. Mailing Address 1010 Bunnell Rd. 1010 Bunn	
Suite, Apt. #, etc. Ste. 1105 Site, Apt. #, etc. Ste. 1105 City & State Altamonte Springs, FL Altamonte	5 DO NOT WRITE IN THIS SPACE Applied For
Zip 32714 Country VSA - Zip 32714	Country USA5_Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name AraeMiRo Octaviano Andrade Street Address (P.O. Box Number is Not Acceptable) 1010 Bunnell Rd., Ste. 1105 City Altamonte Springs FL Zip Code 32714
8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature. Typed or prighted name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
Tax filing requirement and elects to do so. After May Amended	Asy 1 Fee is \$150.00 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be d UBR is \$61.25 Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT OCTAVIANO AndRADE ARGEMIRO OCTAVIANO AndRADE STREET ADDRESS (010 Bunnell Rd. Stc. 1105 Altammte Springs, FC 32714 TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS —CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME IN THIS SPACE

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 other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ENGEPER AMERICA CORP

1010 N. Bunnell Road, Suite 1105 Altamonte Springs, FL 32714 (407) 869-0919

November 1, 2002

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report

To Whom It May Concern:

I have not received my Uniform Business Report for 2002. I have completed a blank UBR form in order to renew. A check for \$150.00 is included. I would greatly appreciate if you could waive any late filing fees.

Please contact me if you have questions or need additional information. Thank you for your assistance:

Sincerely,

Argemiro Andrade

President