4/3/0

FILED
May 12, 2002 8:00 am
Secretary of State

04-03-2002 90013 027 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082970

1. Entity Name
WORD USA CORP

Principal Place of Business	Mailing Address
5445 COLLINS AV. 1601 MIAMI BEACH FL 33140	5445 COLLINS AV. 1601 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5445 Collins Ave	
Suite, Apt. #, etc. # PH 10	Suite, Apt. #, etc.
City & State Miami Beach Fl	City & State
Zip 33140 / Country	Zip / Country

4. FEI Number 651155370 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SURRACO, CARLOS H SR. 5445 COLLINS AV. 1601 1601 MIAMI BEACH FL 33140 Delete	Name JOSE MANUEL Gomez Robles, Street Address (P.O. Box Number is Not Acceptable) 5445 Collins Ave PH 10 City Miami Beach FL Zip Code 33140

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 [signature] 04/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SURRACO, CARLOS H SR. 5445 COLLINS AV. MIAMI BEACH FL 33140 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Jose MANUEL Gomez Robles, 5445 Collins Ave PH 10 Miami Beach Fl. 33140 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BADILLA, VIOLETA 5445 COLLINS AV. MIAMI BEACH FL 33140 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRES. DORA SILVIA MERLO, 5445 COLLINS AVE. PH 10 MIAMI BEACH, FL 33140 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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.

SIGNATURE: [signature] 03/27/02 305 8675428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #