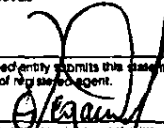
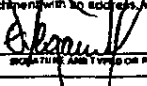


FILED
May 08, 2003 8:00 am
Secretary of State

04-11-2003 90159 029 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000008091			
1. Entity Name GENDAL USA CORPORATION			
Principal Place of Business 1431 CAPRI LANE # 5210 WESTON, FL 33326		Mailing Address 1431 CAPRI LANE # 5210 WESTON, FL 33326	
2. Principal Place of Business 16020 OPAL CREEK DR. Suite, Apt. #, etc.		3. Mailing Address 16020 OPAL CREEK DR. Suite, Apt. #, etc.	
City & State DAVIE, FL Zip 33331 Country USA		City & State DAVIE, FL Zip 33331 Country USA	
4. Name and Address of Current Registered Agent VERA MARIA T 1431 CAPRI LANE # 5210 WESTON, FL 33326		5. Name and Address of New Registered Agent Name OSCAR ORTEGANO Street Address (P.O. Box Number is Not Acceptable) 16020 OPAL CREEK DR. City DAVIE FL Zip Code 33331	
6. 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:  DATE: 04-06-03 Signature must be printed name of registered agent and date if applicable. (NOTE: Proxy (Not Agent) signature required when needed only)			
7. Election Campaign Financing Trust Fund Contribution ☐ \$8.00 May Be Added to Fees		8. Election Campaign Financing Trust Fund Contribution ☐ \$8.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	NAME	ORTEGANO, OSCAR
NAME		STREET ADDRESS	16020 OPAL CREEK DR.
CITY-STATE-ZIP		CITY-STATE-ZIP	DAVIE, FL 33331
TITLE	V	NAME	KONZALEZ, RICHARD
NAME		STREET ADDRESS	16020 OPAL CREEK DR.
CITY-STATE-ZIP		CITY-STATE-ZIP	DAVIE, FL 33331
TITLE		NAME	
NAME		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		NAME	
NAME		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		NAME	
NAME		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		NAME	
NAME		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change ☒ Addition ☐			
12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 04-03-06	

55038817



CHECK HERE IF MAKING CHANGES

FEI Number **03-0432973** Applied For ☐ Not Applicable

8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

9. Name and Address of New Registered Agent

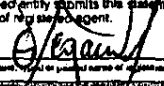
Name **OSCAR ORTEGANO**

Street Address (P.O. Box Number is Not Acceptable)

16020 OPAL CREEK DR.

City **DAVIE** FL Zip Code **33331**

10. 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:  DATE: **04-06-03**
Signature must be printed name of registered agent and date if applicable. (NOTE: Proxy (Not Agent) signature required when needed only)

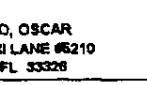
11. Election Campaign Financing
Trust Fund Contribution ☐ \$8.00 May Be Added to Fees

12. Election Campaign Financing
Trust Fund Contribution ☐ \$8.00 May Be Added to Fees

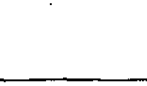
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change ☒ Addition ☐

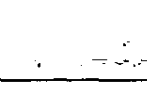
14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **04-03-06**

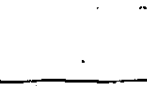
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SIGNATURE:  DATE: **04-03-06**

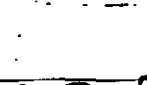
16. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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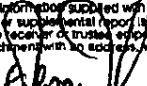
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SIGNATURE:  DATE: **04-03-06**

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SIGNATURE:  DATE: **04-03-06**

19. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **04-03-06**