


**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P02000012567  
**1. Entity Name**  
M Martan USA, Inc.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
777 NW 72 AVE  
Suite, Apt. #, etc.  
**1BB22**  
City & State  
**MIAMI, FL**

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip  
**33126**  
Country

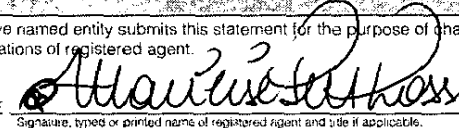
**4. FEI Number** 80-0036572  
Applied For  
Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
Name **MARILISE ROSSINI**  
Street Address (P.O. Box Number is Not Acceptable)  
**777 NW 72 AVE, #1BB22**  
City **MIAMI** FL Zip Code **33126**

**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  **MARILISE ROSSINI** **04/30/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MARILENA ROSSINI (P/D)</b> <b>777 NW 72 AVE, #1BB22</b> <b>MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MARILISE ROSSINI (VP/T)</b> <b>777 NW 72 AVE, #1BB22</b> <b>MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MARIANGELA ROSSINI (VP/S)</b> <b>777 NW 72 AVE, #1BB22</b> <b>MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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**12. 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 10 or on an attachment with an address, with all other like empowered.**

SIGNATURE:  **MARILISE ROSSINI, V.P** **04/30/03** **305 798-4090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)