


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000038326 1. Entity Name MOR USA INC.	
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FILED

04 NOV -8 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2157 NW 79TH AVENUE MIAMI, FL 33122 US	Mailing Address 2157 NW 79TH AVENUE MIAMI, FL 33122 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11022004 REIN-P CR2E098 (6/04)

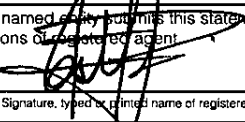
City & State	City & State
Zip	Country

4. FEI Number 02-0581221	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CASTRO, PABLO A 2157 NW 79TH AVENUE MIAMI, FL 33122	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

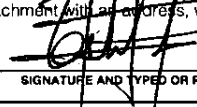
SIGNATURE:  DATE: 11-03-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASTRO, PABLO A 2157 NW 79TH AVENUE MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: large; font-weight: bold;">700042557447</div> <div style="text-align: center; font-weight: bold;">11/03/04--01043--005 **150.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FIDALGO, JORGE M 2157 NW 79TH AVENUE MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 11-03-04 DAYTIME PHONE #: 305-826-6417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR