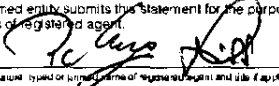
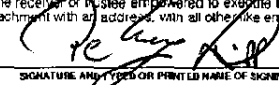


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90178 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000071899			
1. Entity Name PETESIMPEX USA CO.			
Principal Place of Business 17749 COLLINS AVE SUNNY ISLES BEACH, FL 33160		Mailing Address 17749 COLLINS AVE SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business		3. Mailing Address 17501 COLLINS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SUNNY ISLES BEACH	
Zip	Country	Zip	Country
33160		33160	
4. FEI Number 06-1640307		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name KISS PETER Street Address (P.O. Box Number is Not Acceptable) 17501 COLLINS AVE City SUNNY ISLES BEACH FL Zip Code 33160	
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	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PSTD KISS, PETER 17749 COLLINS AVE SUNNY ISLES BEACH, FL 33160		PSTD KISS PETER 17501 COLLINS AVE SUNNY ISLES BEACH FL 33160	
Delete ☐		Change ☒ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ 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 its duly 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 duly empowered.			
SIGNATURE: 		PETER KISS 3/25/03 305 610 9937	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	