

2004 FOR PROFIT CORPORATION

Mar 02, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000091053 03-02-2004 90048 027 ***150.00 FLORIDE U.S. INVESTISSEMENTS, INC. Principal Place of Business Mailing Address 24015624 1101 BRICKELL AVENUE 100 N BISCAYNE BLVD **SUITE 1400** 2904 MIAMI, FL 33131 MIAMI, FL 33132 2. Principal Place of Business 3. Mailing Address <u>100 N Biscayne Blyd</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 Chq-P CR2E034 (10/03) 2904 Applied For City & State City & State 4. FEI Number 22-3866514 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33132 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name SANCHEZ-ABALLI, RAFAEL ESQ. 1101 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1400** MIAMI, FL 33131 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE ☐ Addition CONSTANT, GUY P. NAME NAME STREET ADDRESS 1101 BRICKELL AVENUE SUITE 1400 STREET ADDRESS 100 N Biscayne Blvd #2904 Miami. Florida 33132 CITY-ST-ZIP MIAMI, FL 33131 CiTY-ST-ZIP DVS TITLE ☐ Delete TITLE Change ☐ Addition ISRAEL, SYLVIE NAME NAME STREET ADDRESS 1101 BRICKELL AVENUE STREET ADDRESS 100 N Biscayne Blvd #2904 MIAMI, FL 33131 CITY-ST-ZIF Miami, Florida 33132 TITLE . Delète TITLE ☐ Change ← ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 socurate 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.

Gny C Constant

MAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

2/25/04

Daytime Phone #

FILED