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Aug 03, 2004 8:00 am
Secretary of State

04-28-2004 90196 012 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000016488

1. Entity Name
INVERSIONES SAMS USA, INC.

Principal Place of Business	Mailing Address
9665 SW 138TH AVENUE MIAMI, FL 33186	9665 SW 138TH AVENUE MIAMI, FL 33186

03182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
951 SW 155 ct	Same as P.B.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL	City & State
County 33194	Zip / Country

4. FEI Number 22-3895749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDOVAL, GERMAN 9665 SW 138TH AVENUE MIAMI, FL 33186	Name: Ana Franco Street Address (P.O. Box Number is Not Acceptable): 951 SW 155ct City: Miami FL Zip Code: 33194

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: Ana Franco 4/22/04
(If changing Registered Agent, this signature required when mailing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PD SANDOVAL, GERMAN 9665 SW 138TH AVENUE MIAMI, FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 951 S.W 155 ct Miami - FL 33194
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SANDOVAL, ALEJANDRO CRA 65 #74-75 #140 MEDELLIN, COLOMBIA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ☐ Change ☑ Addition Ana Franco 951 SW 155 ct Miami - FL 33194
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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: Ana Franco 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date