(850) 922-3709 06/14/00 11:02 Fl. Dept. of State p1 /

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90142 001 ***450.00

DOCUMENT # P11134

1. Entity Name

ASMERCOVE, S.A.

Principal Place of Business	Mailing Address
7350 NW 7TH ST STE 201-A MIAMI FL 33126 US	7350 NW 7TH ST STE 201-A MIAMI FL 33126-2977 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9260 SW 72nd ST.	9260 SW 72nd ST
Suite, Apt. #, etc. # 117	Suite, Apt. #, etc. # 117
City & State MIAMI FL	City & State MIAMI FL
Zip 33155 Country DADE	Zip 33155 Country DADE

4. FEI Number 59-2707165 ☐ 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
CRESPO, ALEJANDRO 9260 SW 72 ST # 117 MIAMI FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JIMENEZ, RODRIGO CALLE 51 #25 BELLA VISTA PANAMA, R OF PANAMA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JIMENEZ, PIEDAD ZULUAGA CALLE 51 #25 BELLA VISTA PANAMA, R OF PANAMA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JIMENEZ, LUIS CARLOS 9260 SW 72 ST #117 MIAMI FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MESA, ALINA JIMENEZ DE 9800 SW 121 AVENUE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D JIMENEZ, ALINA 1 GROVE ISLE DR. # 708 MIAMI FL	☒ 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

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Jose Carlos Jimenez 30/3/00 305-857 9223
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

Alejandro A Crespo RA 4/30/01 305 271-3094