## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 17, 2002 8:00 am Secretary of State P11134 DOCUMENT # 1. Entity Name -17-2002 90100 012 \*\*\*550 00 ASMERCOVE, S.A. Principal Place of Business Mailing Address 9260 SW 72ND STREET 9260 SW 72ND STREET **STF 117 STE 117** MIAMI FL 33155 **MIAMI FL 33155** US 2. Principal Place of Business 3. Mailing Address 11036 SW 77 CACIN 11036 SW 77 CA CIR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Citv & State Applied For City & State 4. FEI Number 59-2707165 MIAMI Fl 33156 Not Applicable MIAMI Country \$8.75 Additional 5. Certificate of Status Desired USA USA 33*156* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ousideo aaut CRESPO. ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 9260 SW 72 ST # 117 **MIAMI FL 33173** 11036 SW 77 CYCIR 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 4-13-02 10me (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT TITLE TITLE ☐ Addition 👿 Delete TUAN M. OSORNO 11036 SW 77 CF CIR JIMENEZ, RODRIGO NAME NAME CALLE 51 #25 BELLA VISTA STREET ADDRESS STREET ADDRESS MIAMI PL33156 PANAMA, R OF PANAMA CITY-ST-ZIP CITY-ST-7IP Delete Addition TITLE TITLE JIMENEZ. PIEDAD ZULUAGA NAME NAME STREET ADDRESS CALLE 51 #25 BELLA VISTA STREET ADDRESS PANAMA, R OF PANAMA CITY-ST-ZIP CITY-ST-7IF Delete ☐ Addition JIMENEZ, LUIS CARLOS NAME 9260 SW 72 ST #117 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE MIAMI FL 33173 CITY-ST-ZIP Delete TITLE TD TITLE ☐ Change ☐ Addition JIMENEZ, ALINA NAME NAME STREET ADDRESS 1 GROVE ISLE DR #708 STREET ADDRESS CITY-ST-ZIF MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01