FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000021446 (8)**

1. Corporation Name
APEQS-COTELA USA, INC.

Principal Place of Business	Mailing Address
5975 SUNSET DR SUITE 605 MIAMI FL 33143	5975 SUNSET DR SUITE 605 MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0396320	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 255 ALHAMBRA CIRCLE	26 255 ALHAMBRA CIRCLE
Suite, Apt. #, etc. 22 SUITE 715	Suite, Apt. #, etc. 27 SUITE 715
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip 24 33134 Country 25 U.S.A.	Zip 29 33143 Country 30 U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUBIN, CHARLES D 9100 S DADELAND BLVD SUITE 1707 MIAMI FL 33156	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	ENDARA, JAIME H. J	12 NAME	
STREET ADDRESS	5975 SUNSET DR., SUITE 605	13 STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 715
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	PINTO, ALICIA	22 NAME	
STREET ADDRESS	5975 SUNSET DR., SUITE 605	23 STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 715
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] GEORGE F. VINA 4/8/95 305-441-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184066 CP