2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90121 006 ***150.00

D96817 AV

DOCUMENT # P93000022612

1. Entity Name
IOCHPE MAXION U.S.A., INC.

Principal Place of Business	Mailing Address
9100 S DADELAND BLVD SUITE 1101 MIAMI FL 33156 US	9100 S DADELAND BLVD SUITE 1101 MIAMI FL 33156 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9100 S. Dadeland Blvd.	9100 S. Dadeland Blud
Suite, Apt. #, etc. Suite 510	Suite, Apt. #, etc. Suite 510
City & State Miami, Florida	City & State Miami, Florida
Zip 33156 Country USA	Zip 33156 Country USA

4. FEI Number 63-0760171 ☐ 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
HAMILTON BORTOLETTO 9100 SO. DADELAND BLVD. SUITE 1101 MIAMI FL 33156	Name Claudio V. Massagardi Street Address (P.O. Box Number is Not Acceptable) 9100 South Dadeland Blud, Suite 510 One Datran Center City Miami FL Zip Code 33156

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 _____ Claudio Valery Massagardi 04/07/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	D HAMILTON BORTOLETTO 9100 S DADELAND BLVD SUITE 1101 MIAMI FL	☑ Delete	D Claudio V. Massagardi 9100 S. Dadeland Blud, Suite 510 Miami, FL. 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS IOCHPE, DAN AV LUIS CARLOS BENINI 1253 14TH FLOOR S. PAULO BR	☐ Delete	PS Iochpe, DAN Rua Luigi Galvani, 146-13º ANDAR Brooklin Novo- S.P. 04575.020 Brazil	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECVER, OSCAR F AV LUIS CARLOS BENINI 1253 14TH FLOOR S. PAULO BR	☐ Delete	D Becker, Oscar A.F. Rua Luigi Galvani, 146-13º ANDAR Brooklin Novo-SP 04575.020 Brasil	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, WALDEY 9100 S. DADELAND BLVD., SUITE 1101 MIAMI FL 33156	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED 04/07/03 (305) 670-3811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CLAUDIO VALERY MASSAGARDI