FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jun 12 1996 8:00 am
Secretary of State

DOCUMENT # P 93000026265(7)

1. Corporation Name
ACUNA U.S.A. ENTERPRISES, INC.

Principal Place of Business
4995 N.W.72ND AVE.
SUITE 201
MIAMI FL 33166

Mailing Address
4995 N.W.72ND AVE.
SUITE 201
MIAMI FL 33166

3. Date Incorporated or Qualified: 04/09/1993
3a. Date of Last Report: 04/20/95

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0405853 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
YOLANDA JARAMILLO
4995 N.W. 72ND AVE.
SUITE 201
MIAMI FL 33166

10. Name and Address of New Registered Agent
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: Yolanda Jaramillo — 4/20/96
(Signature of a Director, Officer or Agent) — (Registered Agent signature required if filing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOPERA MARTHA D.	1.2 NAME	
STREET ADDRESS	14629 S.W. 104th St. # 134	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33186	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ACUNA RAMON A	2.2 NAME	
STREET ADDRESS	14629 S.W. 104th St. # 134	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33186	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***225.00

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)(k), 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 is added in an amendment with an address.

SIGNATURE: Ramon A. Acuna — 5/20/96
SIGNATURE AND SOLE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President

CR2E034 (12/95)