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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:19

DOCUMENT # **P93000050073 (4)**

1. Corporation Name
ESCRIBA USA, INC.

Principal Place of Business	Mailing Address
3191 SW 22 ST STE 617 MIAMI FL 33145 US	175 NW FIRST AVE 11TH FLOOR MIAMI FL 33128-1835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 100 SE Second St
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: 17 Floor
City & State — 23:
City & State — 28: Miami, FL
Zip — 24: Country — 25:
Zip — 29: 33131-1101 Country — 30: USA

4. FEI Number: 65-0434977 ☐ 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

FRIEDHOFF, JOHN H
175 NW FIRST AVE
11TH FLOOR
MIAMI FL 33128-1835

10. Name and Address of New Registered Agent

81 Name: JOHN H. FRIEDHOFF
82 Street Address (P.O. Box Number is Not Acceptable): 100 SE Second Street
83: 17 Floor
84 City: Miami, FL **FL** 85 Zip Code: 33131-1101

11. Pursuant to the provisions of Section 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: _____ JOHN H. FRIEDHOFF 3/14/95
Signature of registered agent (printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☒ Change ☐ Addition
NAME	SERBER, EDUARDO	12 NAME	
STREET ADDRESS	~~1627 BRICKELL AVE #1907~~	13 STREET ADDRESS	4817 PONCE DE LEON BLVD
CITY ST ZIP	~~MIAMI FL~~	14 CITY ST ZIP	CORAL GABLES, FL 33146
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
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)(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 on an attachment with an address.

SIGNATURE: Eduardo Serber 3/28/95 (305)443-7830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0906044 CP