/200	UNIFORM BUS	INESS REPO	RT (UBR)	0 m 1/1 2	
DOCUMENT # P93000050073  1. Entity Name •				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ESCRIBA USA, INC.				01 OCT 10 PM 3: 52	
Principal Plac	ce of Business	Mailing Address			
				,	
600	Place of Business BRICKELL AVE	3. Mailing Address 600 BRICKE	ELL AVE		
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat		City & State	1 .	4. FEI Number Applied For Not Applicab	
3313	Country	Z25121	Country	5. Certificate of Status Desired \$8.75 Additional	
J 71 3	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	$\dashv$
				LAUDIO CURY	. <u> </u>
			Street Address	ss (P.O. Box Number is Not Acceptable)  BRICKELL AVE #300 E	$\exists$
-			City MIA	-M1 FL 2373/3/	
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or registe	stered agent, or both, in the State of Florida.	
SIGNATURE	Signature, with or printed hante of registered agent	and title il applicable. (NOTE: F	AUDIO (		
			FEE IS \$150.00 Fee will be \$550.00 to Department of St	I BUSI FURD CONTIDUIDED II ACCORD TO Fees	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u>ا</u>
TITLE NAME STREET AODRESS CITY-ST-ZIP	P.D. EDUARDO SERBER RUA TONELEIRO SAO PAULO S.P.,		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO 741
TITLE .		☐ Delete	TITLE NAME	· Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete	-TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	'n
TITLE NAME STREET ADDRESS CITY® ST-ZIP	VA.2	☐ Delete	TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	n
TITLE		☐ Delete	TITLE	Addition	n
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS 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 thustee 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 affactment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



## ESCRIBA USA, INC. DOC.# P93000050073

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF ADDRESS I NEVER RECIEVED ANY NOTICE FROM YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALL

EDUARDO SERBER

**PRESIDENT**