2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P93000085199

Entity Name: ARCOR U.S.A. INC.

Current Principal Place of Business:

550 BILTMORE WAY
PH II-A
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WAY
PH II-A
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0453647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEWART, ROBERT W P.A.
1395 BRICKELL AVE., STE 430
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

STEWART, ROBERT W P.A.
18001 OLD CUTLER ROAD, SUITE 600
MIAMI, FL 33157 US

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.

SIGNATURE: _____ 04/24/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LIMONTI, SERGIO A
Address: 550 BILTMORE WAY PH II-A
City-St-Zip: MIAMI, FL 33134 US

Title: VD ( ) Delete
Name: PAGANI, MARIO E
Address: 550 BILTMORE WAY PH II-A
City-St-Zip: MIAMI, FL 33134 US

Title: VD ( ) Delete
Name: MARTIN, VICTOR D
Address: 550 BILTMORE WAY PH II-A
City-St-Zip: MIAMI, FL 33134 US

Title: S ( ) Delete
Name: MOORE, EDUARDO
Address: 550 BILTMORE WAY PLAZA
City-St-Zip: MIAMI, FL 33134 US

Title: VD ( ) Delete
Name: PAGANI, FULVIO R
Address: 550 BILTMORE WAY PH II-A
City-St-Zip: MIAMI, FL 33134 US

Title: T ( ) Delete
Name: PAGANI, ALFREDO G
Address: 550 BILTMORE WAY PH II-A
City-St-Zip: MIAMI, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO MOORE S 04/24/2008
Electronic Signature of Signing Officer or Director — Date