

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085659

1. Corporation Name NALDON USA INC.

rincipal Place of Business	Mailing Addre

2320 W FLAGLER ST 13155 IXORA CT **APT 611** MIAMI FL 33135 N MIAMI FL 33181 US

May 04, 1999 8:00 am Secretary of State

05-04-1999 90140 030 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

12/16/1993

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Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax.	
9, Name and Address of Current Registered Agent 9, Name and Address of Current Registered Agent HART, DAVID J 2320 W FLAGLER ST MIAMI FL 33135 81	
9. Name and Address of Current Registered Agent HART, DAVID J 2320 W FLAGLER ST MIAMI FL 33135 82 Street Address (P.O. Box Number is Not Acceptable) 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 reg 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 regist agent, a lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE Change	3
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14. 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 informatic 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, with all other like empowered.

ZOR EZLATIKO SACIRAGIC

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: