FILED
May 23, 2000 8:00 am
Secretary of State
05-23-2000 90182 001 ***300.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000867

1. Entity Name

CONSONNI U.S.A., INC.

1900 GLADES ROAD
SUITE 351
ONE LINCOLN PLACE, BOCA RATON, FL 33431

c/o BROAD & CASSEL
MIAMI CENTER - 201 SOUTH BISCAYNE BOULEVARD, SUITE 3000
MIAMI, FLORIDA 33131

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State | City & State

Zip | County | City | County

4. FEI Number 65-0761144 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $30.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE CD NAME STREET ADDRESS CITY-ST-ZIP	ERRAZURIZ, PEDRO P. c/o BROAD & CASSEL MIAMI CENTER 202 SOUTH BISCAYNE BOULEVARD SUITE 3000 MIAMI, FLORIDA 33131	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE P. NAME STREET ADDRESS CITY-ST-ZIP	DE LA BARRA, MAURICIO SAME ADDRESS AS ABOVE ADDRESS	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 trustee 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 attachment with an address, with all other like empowered.

SIGNATURE: PEDRO P. ERRAZURIZ, CHAIRMAN AND DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

011-562-207-5000

TOTAL P.02