2001 UNIFORM'BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2001 8:00 am Secretary of State DOCUMENT # P94000000867 1. Entity Name CONSONNI U.S.A., INC. 05-02-2001 90219 003 ***150.00 Principal Place of Business Mailing Address 1900 GLADES ROAD: SUITE 351 AV. AMERICO VESUCIO 100 PISO 16-LAS CONDES ONE LINCOLN PLACE BOOK RATON FL 33431 SANTIAGO CHILE 2. Principal Place of Business 3. Mailing Address ONE BRICKELL SQUARE Suite, Apt. #, etc. BOI BRICKELL ANE,#900 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0761144 MIAML Not Applicable ⁷33131 Country \$8.75 Additional Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE MIAMI FL 33131 Zip Code FL 8. The above named entity sut mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUR Signature, typed or nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE ERRAZURIZ, PEDRO P NAME NAME STREET ADDRESS STREET ADDRESS AV. AMERICO VESPUCIO SUR 100-PISO 16 CITY-ST-ZIP CITY-ST-ZIP SANTIAGO CHILE ☐ Addition Delete TITLE CNILE HORACIO C. NAME DE LA BARRA, MAURICIO NAME GRANVIA 81 STREET ADDRESS AV. AMERICO VESPUCIO SUR 100-PISO 16 STREET ADDRESS 4 FLOOP OFFICE #8 BILBAO, SPAIN CITY-ST-ZIP CITY-ST-ZIF SANTIAGO CHILE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.