FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94 000082660

1. Corporation Name

COVASA, INC.

Principal Place of Business	Mailing Address
6775 SW 44st Suite # 35 Miami FL 33155	6775 SW 44 St Suite #35 Miami, FL 33155

2. Principal Place of Business	2a. Mailing Address
21 6775 SW 44St	26
Suite, Apt. #, etc 22 # 35	Suite, Apt. #, etc 27
City & State 23 MIAMI FLORIDA	City & State 28
Zip / Country 24 33155 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 11/10/94
3a. Date of Last Report:
4. FEI Number: 65-0534298 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ODALYS VALLEJOS
COVASA, INC.
6775 SW 44St
Suite #35
Miami FL 33155

10. Name and Address of New Registered Agent

81 Name: Vallejos, Odalys
82 Street Address (P.O. Box Number is Not Acceptable): 6775 SW 44St
83: Suite #35
84 City: Miami FL 85 Zip Code: 33155

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Vallejos, President — DATE: 4/15/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VALLEJOS, ODALYS		1.2 NAME	
STREET ADDRESS	6775 SW. 44 ST SUITE 35		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155		1.4 CITY, ST, ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VALLEJOS ODALYS		2.2 NAME	
STREET ADDRESS	6775 SW 44 ST SUITE 35		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155		2.4 CITY, ST, ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	800001818098 -05/13/96--01026--039
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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.

SIGNATURE: Vallejos — 4/15/96 — 305-373-4928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number