## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIVISION OF COR	RPORATIONS	
DOCUMENT # P95000042586 (4) 1. Corporation Name				
OSIEX USA TRADING, INC.				
Principal Place of	of Business	Mailing Address		
1200 CLINT MOORE ROAD		1200 CLINT MOORE ROAD		
#4- BOCA RATON FL 33497		#1 BOGA RATON FL-33487		
BOOM TIME OF THE SOURCE		DOGN WITCH TE GOID!		3. Date incorporated or Qualified 3a. Date of Last Report 06/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4 FEI Number Applied For
	N.E. IST STREET	26 11 N.E.	1st Stree	
Suite, Apt. #		Suite, Apt. #, etc.	No. 913	5. Certificate of Status Desired See Required
City & State		City & State	No. II.	6. Election Campaign Financing \$5.00 May Re
23 MiA	1		,FL.	Trust Fund Contribution Added to Fees
Zip	Country	20 29 33132 3	Country USA	This corporation has liability for intangible tax under s 199.032,     Florida Statutes
24 3313	32 25 USA 9. Name and Address of Current		0 0 007	10. Name and Address of New Registered Agent
			81 Name <	SANTOS, DINIZ O
FERNANDEZ, EDUARDO B2 Street Addre			ddress (P.O. Box Number is Not Acceptable)  N.E. 1st STREET	
520 BRICKELL KEY DRIVE -			83	
- SUITE 305-			SU	TE No. 913
MIAMI FL 83131			84 City M	Ijami FL 85 Zip Code 33132
11. Pursuant to	o the provisions of Sections 607.0502 a	ind 607.1508, Florida Statutes, t	the above named con	poration submits this statement for the purpose of changing its registered office loard of directors. I hereby accept the appointment as registered agent. I am
or registere familiar wit	ed agent, or both, in the State by Honda h, and accept the obligations of, Sectio	n 607,0505, Florida Statutes.	by the corporations b	A LIFE GI
SIGNATURE	sungain.	1.33	NIZ 0. S Registered Agent signature res	SANTOS 4/13/10
12.	Signal of typed or printed name of registered agent as OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<del>10 -</del>	□ DELETE	1. 1 TITLE	P D
NAME	SANTOS, DINIZ O		1.2 NAME	SANTOS, DINIZ O. III NE 16t STREET STE 913
STREET ADDRESS	1200 CLINT MOORE RD. #1		1.3 STREET ADDRESS	MIAMILEL 33132
CITY-ST-ZIP TITLE	-BOCA RATON FL 33487	DELETE	<b></b>	V D Change ☐ Addition
NAME	GASPARINO, MARCIA G		DOMESTIC A	COCOODINA MARKIA G
STREET ADDRESS	1200 CLINT MOORE RD. #1		2.3 STREET ADDRESS	III NE 151 STREET STE 913
CITY-ST-ZIP	BOCA RATON FL 83487	ED DELETE	2 4 CITY - ST - ZIP	MIAWI, FL. 33132 Change Addition
TITLE		☐ DELETE	3. 1 TITLE 3.2 NAME	
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	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		<u> </u>	5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	Channe E Mética
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME	1		6.2 NAME	

14. Ido 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)(k). 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 attrichment with an address

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)