2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Apr 30, 2002 8:00 am Secretary of State P95000061824 DOCUMENT # 1. Entity Name 04-30-2002 90212 016 ***150 00 BRAUNIGER USA, INC. Mailing Address Principal Place of Business 15020 SW 145 ST 15020 SW 145 ST MIAMI FL 33196 **UNIT A-105** MIAMI FL 33196 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0617179 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Av 152 CASAUDOUNECO, JOSE 15020 SW 145 ST MIAMI FL 33186 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VICE - PRESIDENT TITLE □ Delete TITI F CASHUDUNECO CASAUDOUMECQ, JAVIER NAME NAME 5020 SW 145 3 1355 NW 93 CT, UNIT A-105 STREET ADDRESS STREET ADDRESS miami fl CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE CASAUDOUMECQ, JOSE NAME SHOOME NAME STREET ADDRESS 1355 NW 93 CT, UNIT A-105 STREET ADDRESS CITY-ST-ZIP miami Fl CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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.

FILED