FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

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

FILED
Jun 20 1997 8:00am
Secretary of State

DOCUMENT # P95000071055 (4)

1. Corporation Name
FREECOM USA, INC.

[redacted]

Principal Place of Business	Mailing Address
~~4618 SW 143 COURT WEST~~ ~~MIAMI FL 33175~~	~~4618 SW 143 COURT WEST~~ ~~MIAMI FL 33175~~

2. Principal Place of Business 11 10302 NW. SOUTH Suite, Apt. #, etc. 12 RIVER DR. BAY #1 City & State 13 MEDLEY FL Zip 14 33178 Country 25 DADE	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
3. Date Incorporated or Qualified 09/14/1995	3a. Date of Last Report
4. FEI Number 65-0620982	☐ 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

GOMEZ, ADRIANA
4618 SW 143 COURT WEST
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: ELISA M. SUAREZ
82 Street Address (P.O. Box Number is Not Acceptable): 10302 NW So RIVER DR.
83 BAY #1
84 City: MEDLEY FL 85 Zip Code: 33178

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: ELISA M SUAREZ Elisa M Suarez 6/4/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D ☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	FERLONI, ARTURO A	1.2 NAME	BRUZZECHESSE, JOSE L.
STREET ADDRESS	CHILE 2375- C.P. 1227	1.3 STREET ADDRESS	RUA MARIA PAULA 279 APT 9N
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	1.4 CITY-ST-ZIP	BI VISTA 01319-909 SAN PAULO
TITLE	☐ DELETE	2.1 TITLE	BRAZIL ☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

6/20/97

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***165.00

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: 6/4/97 (305)885-5353
Date Telephone number