

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90050 036 \*\*\*150.00

**DOCUMENT # P96000068189**

1. Entity Name

**CISAMAL USA, INC.**

Principal Place of Business 1325 N.W. 93 ROAD COURT # B-109 MIAMI, FLORIDA 33172	Mailing Address 1325 N.W. 93 ROAD COURT #-B-109- MIAMI, FLORIDA 33172
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2. Principal Place of Business 1325 N.W. 93 ROAD COURT	3. Mailing Address SAME AS #2
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Suite, Apt. #, etc. #B-109	Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State
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Zip 33172	Country U.S.A.	Zip	Country
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4. FEI Number 65-0695511	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SANCHEZ, WILLIAM J ESQUIRE**  
**1828 PONCE DE LEON BOULEVARD**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name KATHERINE MALECK
Street Address (P.O. Box Number is Not Acceptable) 1325 N.W. 93 ROAD COURT
# B-109
City MIAMI, FLORIDA
FL Zip Code 33172

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 KATHERINE MALECK *Katherine Maleck* 02-18-00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MALECK, JORGE 1003 S.W. 132 COURT MIAMI FL 33182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANA MALECK 1003 S.W. 132 COURT MIAMI, FLORIDA 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JORGE MALECK 1003 S.W. 132 COURT MIAMI, FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: ANA MALECK, PRESIDENT *Ana Maleck* 2-24-00 (305) 592-6046  
DATE AND TITLE OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)