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SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham , ANNUAL REPORT Secretary of State * FILED DIVISION OF CORPORATIONS 1997 97 JUN 23 PM 1: 03 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA MARTECH U.S.A. INC Mailing Adoress Principal Place of Business 120 5.W. 91ST AVE # 111 PLANTATION F1 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 **1 rust Fund Contribution** 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032. Yes X No Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUIS A. BARAJAS Street Address (P.O. Box Number is Not Acceptable) 82 120500 91st ave # 111 83 PLANTATION F133324 City 85 Zip Code 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 objection sof, Section SIGNATURE OFFICERS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)TITLE CESIDENT HSTIN GOMEZ CENNIRION, NO.21 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CELONA - VENEZUELA CITY-ST-2IP 1.4 CITY - ST - 7/P - PRESIDENT Change Addition TITLE 21 TILLE S A. BARAJAS. 2.2 NAME NAME 100002221141--0 -06/24/97--01041--006 91 AVE #111 STREET ADDRESS 2.3 STREET ADDRESS GITY-ST-ZIP 2 4 CiTY+ST-7iP TITLE 3.1 TiTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. C(TY - ST - 7)P DELFTE Change Addition TITLE 4.1 1/11.5 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE ___ Change Addition TITLE 511009 NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE T Change Addition TITLE 6.1 TF LE G 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 6.4 CHY-S1-ZIP 14. I do hereby certify that the information supplied with this tring does not qualify for the exemption stated in Section 119 07(3)(). 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 eath; 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