2001 UNIFORM BUSINESS REPORT (UBR) Feb 21, 2001 8:00 am DOCUMENT # P97000031695 1. Entity Name **Secretary of State** VINTON USA INC. 02-21-2001 90198 041 ***150.00 Principal Place of Business Mailing Address 3900 N.W. 79 AVENUE SUITE 444 626062 MIAMI, FLORIDA 33166 2. Principal Place of Business 3. Mailing Address 3900 N.W. 79 AVENUE 11315 N.W. 66 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE C/O CARLOS E. RODRIGUEZ SUITE 444 Applied For City & State City & State 4. FEI Number MIAMI, FLORIDA 65-0768458 Not Applicable MIAMI, FLORIDA Country \$8.75 Additional 5. Certificate of Status Desired 33166 Fee Required 33178 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRUENINGER & PUJOL P.A. CARLOS E. RODRIGUEZ 3191 CORAL WAY.SUITE 1005 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FLORIDA 33145 3900 N.W. 79 AVENUE.SUITE 444 Zip Code 33166 City MIAMI FL purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the 02-12-01 **ŚIGNATURE** CARLOS E. RODRIGU (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intar 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (11/00) Addition TITLE ☐ Delete TITLE Change NAME RODRIGUEZ CARLOS E. STREET ADDRESS STREET ADDRESS 00 N.W. 79 AVENUE AMI, FLORIDA 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete _ JITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZI₽ CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NÁME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP per not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the properties and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empowered. 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and acquired. indicated on this report or supplemental report is true and ac of the corporation or the receiver or trustee empowered to ex changed, or on an attachment with an address, with all other CARLOS E.RODRIGUEZ-DIRECTOR 01/12/01 591-0060 SIGNATURE: SIGNATURE AND TYPED OR PRINTER AME OF SIGNING OFFICER OR DIRECTOR Daytime Phone