MAR-31-2005 06:23 DE :

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State
04-07-2005 90033 012 ***150.00

DOCUMENT # P97000055653

1. Entity Name
ESCALA USA, INC.

Principal Place of Business	Mailing Address
1414 NW 107 AVE STE 106 MIAMI, FL 33172	1414 NW 107 AVE STE 106 MIAMI, FL 33172

DOC# 05034789

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03312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
300 ARAGON	300 ARAGON
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100
City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33134 Country	Zip 33134 Country

4. FEI Number
65-0763342
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ-BOYER, GLADYS ESQ
10621 NORTH KENDALL DRIVE STE 208
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: SUSANA MAWAD
Street Address (P.O. Box Number is Not Acceptable): 2475 BRICKELL AV #2603
City: Miami FL Zip Code: 33129

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Susana Mawad 31/03/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAWAD, SUSANA 1414 NW 107 AVE, STE 106 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAWAD, SUSANA 2475 BRICKELL AV #2603 MIAMI FL 33129	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MAWAD, VANESSA K 1414 NW 107 AVE, STE 106 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MAWAD, VANESSA 2475 BRICKELL AV # 2603 MIAMI FL 33129	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER ALFREDO CASTILLA 300 ARAGON SUITE 100 CORAL GABLES FL 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 03/31/05 3057749227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #