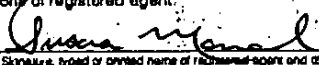
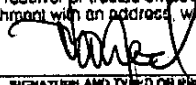


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 1414 NW 107 AVE STE 106 MIAMI, FL 33172		Mailing Address 1414 NW 107 AVE STE 106 MIAMI, FL 33172	
2. Principal Place of Business 300 AERON		3. Mailing Address 300 AERON	
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, GLAODYS 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 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  DATE 31/03/05 Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering).			
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	MANABE ALFREDO CASTILLA 300 AERON 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 3057749222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

30034789

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