FILED Apr 17, 2002 8:00 am

1. Entity Nan	MENT # P9700 TERNATIONAL USA, INC.	0075664			Secretary 04-17-2002 901	•		
Principal Place of Business 11117 W OKEECHOBEE ROAD #121 HIALEAH FL 33018 US		Mailing Address 11117 W OKEECHOBEE ROAD #121 HIALEAH FL 33018 US 3. Mailing Address			R00e81a3			
	Place of Business STREET W.	STREET W			4()) 36)() (8)0) 6 (()0 6)()			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
477- # 2110 City & State		APT. # 2110 City & State .		. 4. f	4. FEI Number OF 0770004 Applied For			
BRADENTON, FL		BRAJENTON, FL			65-0779221		lot Applicable	
Zip 34209	Country U.S.A.	Zip 34209	Country U.S.A.	5.	Certificate of Status Desired	☐ \$8.75 Ac Fee Requir		
	6. Name and Address of Current R			7. 1	Name and Address of New Regi	stered Agent		
CODOV	OFFILMAN A		Name GE	PARAN	A. GODOY			
GODOY, GERMAN A 11117 W OKEECHOBEE ROAD #121				Street Address (P.O. Box Number is Not Acceptable)				
	FL 33018		39/0	3910 75th STREET W. ATT # 2110				
				ADENT			de 209	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florida		201	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NO After May 1,			IE: Registered Agent signature required was 111 FEE IS \$150.00 NOZ Fee will be \$550.00 ble to Department of State		10. Election Campaign Financ Trust Fund Contribution.		00 May Be	
11.	OFFICERS AND D	IRECTORS	12.	AC	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	3S IN 11	
TITLE NAME STREET AODRESS CITY-ST-ZIP	DP GODOY, GERMAN A 5475 NW 72 AVE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GETMA 3910 7	PESIDENT N A. GODOY ISH STREET W. AP. NTON, FL 34209	Ø Change 7. ₩ 2110	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOCH, CAROLINA 5475 NW 72 AVE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ر پر کار پیرستان	PEL NA HOCH STA BITLEET W. WTON, FL 34209	ATT.# ZJIO	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	Addition	
indicated of the cor	certify that the information supplied with t d on this report or supplemental report is t rporation or the receiver or trustee empoy or on an attachment with an address, with	rue and accurate and that n vered to execute this report	ny signature shall ha	ive the same	legal effect as if made under oath	that I am an office	er or director	

2002 UNIFORM BUSINESS REPORT (UBR)