

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**  
04-30-2003 90048 043 \*\*\*150.00

0006215 AT

DOCUMENT #

P98000055830

1. Entity Name

USA DYNAMIC TRADE CORP.

Principal Place of Business

2654 NW 97TH AVENUE

MIAMI FL 33172

Mailing Address

2654 NW 97TH AVENUE

MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0865738

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARA, EUGENIO

2654 NW 97TH AVENUE

MIAMI FL 33172

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

EUGENIO L LARA

04/28/02

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

PD

NAME

MCLAMED, ZEEV

STREET ADDRESS

RES. ACACIAS LAZA AP 5 P.5 AVE LAS ACADIAS

CITY-ST-ZIP

LA FLORIDA, CARACAS 1050 VEN

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SZEEVUREKLAEMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #