2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000070333 1. Entity Name CONIGLIO USA, INC.				FILED Apr 19, 2000 8:00 am Secretary of State 04-19-2000 90091 015 ***150.00
Principal Place of Business Mailing Address				04-19-2000 90091 015 ***150.00
8740 S.W. 63RD COURT MIAMI FL 33143		8740 S.W. 63RD COURT MIAMI FL 33143-8067		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0870102 Applied For Not Applicable
Zip	Country	Zip	Country	5Certificate of Status Desired
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent
Name			Name RO	BLES CLAUDIO
				s (P.O. Box Number is Not Acceptable)
) S.W. 63RD COURT Al FL 33143		074	0 SW 63 CT.
				Aui FL 2339143
8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATU				
Tax filing requirement and elects to do so. After MAY 1, 20		FEE IS \$150.00 Fee will be \$550.00 to Department of Si		
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET AOORESS CITY-ST-ZIP	d Robles, gabriel 2333 Brickell avenue suite 2 Miami FL 33129	X Delete	TITLE NAME STREET ADDRESS C(TY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBLES, CLAUDIO 8740 S.W. 63RD COURT MIAMI FL 33143	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBLES, CLAUDIO 8740 SW 63RD CT MIAMI FL 33143	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS GRYGIEL, NANCY 8740 SW 63RD CT MIAMI FL 33143	Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE		Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
13. 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 rue 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 Statules; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.				
SIGNATURE:				

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