2003 FOR PROFIT CORPORATION

FILED Jan 27, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P98000077021 DOCUMENT # 1. Entity Name 01-27-2003 90378 035 ***150.00 ASISTENCIA U.S.A. CORP. Principal Place of Business Mailing Address 8213 NW 66TH 8213 NW 66TH **MIAMI FL 33166** MIAMI FL 33166 "NW 66 St. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0865809 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTOS, JOSE C JR **8123 NW 66STREET** MIAMI FL 33166 °Mi amı The abov ed 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 oblia (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE V P TITLE ☐ Delete IANIA NAME SANTOS, JOSE C JR. NAME 10830 STREET ADDRESS 10830 NW 52 ST STREET ADDRESS CITY-ST-ZIR * **MIAMI FL 33178** CITY-ST-ZIP Delete ☐ Addition TITLE: TITLE Change NAME RODRIGUEZ, ELIAS STREET ADDRESS 9545 S.W. 36TH STREET STREET ADDRESS MIAMI FL: 33165: -CITY-ST-ZIP CITY-ST-ZIP-Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (alto 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 polemental 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 ver 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 12. I hereby certify that the inclindicated on this report or s

changed, or on an attach other like empowered SIGNATURE

of the corporation or the r