

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90005 015 ***550.00

DOCUMENT # P98000084977

1. Entity Name

EXO CORPORATION

Principal Place of Business

**AV. JUAN DE GARAY 1
 BUENO AIRES
 BU 1063 ARGENTINA**

Mailing Address

**AV. JUAN DE GARAY 1
 BUENO AIRES
 BU 1063 ARGENTINA**

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

65-0872208

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

**ROTH, LEONARDO A ESQ
 9350 SOUTH DIXIE HWY, PH 2
 MIAMI FL 33156**

Name

Leonardo A. Roth, Esq.

Street Address (P.O. Box Number is Not Acceptable)

3440 Hollywood Blvd., Ste 360

City

Hollywood

FL

Zip Code

33021

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.

SIGNATURE

Leonardo A. Roth

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **STV**
 STREET ADDRESS **SZYCHOWSKI, DIEGO**
 CITY-ST-ZIP **AV. JUAN DE GARAY 1 BUENOS AIRES
 BU 1063 ARGENTINA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **SZYCHOWSKI, LUIS T**
 CITY-ST-ZIP **AV. JUAN DE GARAY 1 BUENOS AIRES
 BU 1063 ARGENTINA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diego Szychowski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/01 305-594-0670
 Date Daytime Phone #

CR2E034 (5/01)