SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

EASYCELL USA, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90129 005 ***150.00

DOCUMEN	1T #	P98000086618	8

Principal Plac	e of Business	Mailing Address			
	EST 9TH COURT	20843 NORTHWEST 9TH CO	DURT		
		SUITE 202 Miami Fl 33169		DO NOT WRITE IN TH	IS SPACE
		MIMMI FL 33103		3. Date Incorporated or Qualified	
				10/09/1998	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0867895	Not Applicable
	e, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	☐ Yes ☐ No
24	25		30	Intangible Personal Property. 10. Name and Address of New Registere	
	9. Name and Address of Curr	ent Registered Agent	81 Name	To. Name and Address of New Registere	u Agent
AME	RILAWYER				
1	ALMERIA AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	IAL GABLES FL 33134		83	<u>.</u>	
			"		
ļ			84 City		
11. Pursuan office or	t to the provisions of sections 607.95 registered agent or both, in the Sta	502 and 607.1508, Florida Statute: ate of Florida. Such change was a	s, the above-named corporate the corporate statutes.	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE		Section 007.0300, 110	nica Statutes.		
SIGNATURE	Signature typed or printed name of registered a		TE: Registered Agent signature rec		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	DELETE	1.1 TITLE		Change Addition
NAME	GARCIA, RODRIGO		1.2 NAME		j
STREET ADDRESS	20843 NORTHWEST 9TH CO	URT	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP		
TITLE	ļ	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		ľ
STREET ADDRESS			2.3 STREET ADDRESS		
C!TY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		·	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
MANE	!		0.044445		

14. I hereby certify that the information supplied with this fifing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS