JUN-04-2002 09:43 AM NOBHILLACADEMY 954

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FILED
Jun 18, 2002 8:00 am
Secretary of State
05-09-2002 90082 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093336

1. Entity Name
ABRES (USA) INC.

[redacted]

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35675
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2. Principal Place of Business	3. Mailing Address
867 NORTH NOB HILL ROAD	867 NORTH NOB HILL ROAD
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. FEI Number: 65-0889460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JORGE L. GURIAN
Street Address (P.O. Box Number is Not Acceptable): 2100 PONCE DE LEON BLVD.
SUITE 600
City: CORAL GABLES FL Zip Code: 33134

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 [signature] JORGE L. GURIAN 5/1/02
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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD	TITLE	
NAME	HERNANDEZ, ROSALBA	NAME	
STREET ADDRESS	867 NORTH NOB HILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	HERNANDEZ, MANUEL	NAME	
STREET ADDRESS	867 NORTH NOB HILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROSALBA HERNANDEZ 5/1/02 305-279-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STP FL32381F.1