FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 03, 2000 8:00 am Secretary of State OCUMENT # P98000095487 PRIME U.S.A., INC. 05-03-2000 90119 033 ***150.00 Mailing Address ಪ್ರಕ್ಷ Place of Business 200 S. BISCAYNE BLVD. STE. 4815 S, BISCAYNE BLVD. STE. 4815 MIAMI FL 33131-2303 FL 33131 Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0879483 Not Applicable Country Zip Country \$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 Name SALUSSOLIA, PIERO Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD, STE. 4815 **MIAMI FL 33131** Zip Code FL . 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. IGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PTSD ☐ Change Addition ☐ Defete TITLE TLE LAMBERTINI, ALESSANDRO NAME AME AV. COSTITUYENTES 117-103, SAN MIGUEL STREET ADDRESS TREET ADDRESS CHAPULTEPEC MEXICO 11850 D.F. CITY-ST-ZIP ITY-ST-ZIP Change Addition Delete TITLE TLE. NAME AME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP Change ☐ Addition TITLE Delete TLE NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TY-ST-ZIP ☐ Addition Change TITUE Delete NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-7IP ITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ☐ Defete TITLE Change Addition | TLE NAME AME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP 3. 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 the 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.

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SIGNATURE:

ALESSANDRO LAKBERTINI 04/27/00 (305) 373-7016