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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000100036			
1. Corporation Name URAZCA U.S.A., INC.			
Principal Place of Business 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131		Mailing Address 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME URIA, JAVIER	1.1 TITLE P/S/T	1.2 NAME Uria, Javier
STREET ADDRESS 2 SOUTH BISCAYNE BLVD. SUITE 3400	CITY-ST-ZIP MIAMI FL 33131	1.3 STREET ADDRESS 2 S. Biscayne Blvd., Suite 3400	1.4 CITY-ST-ZIP Miami, Florida 33131
TITLE 	NAME 	2.1 TITLE 	2.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	2.3 STREET ADDRESS 	2.4 CITY-ST-ZIP
TITLE 	NAME 	3.1 TITLE 	3.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	3.3 STREET ADDRESS 	3.4 CITY-ST-ZIP
TITLE 	NAME 	4.1 TITLE 	4.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	4.3 STREET ADDRESS 	4.4 CITY-ST-ZIP
TITLE 	NAME 	5.1 TITLE 	5.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	5.3 STREET ADDRESS 	5.4 CITY-ST-ZIP
TITLE 	NAME 	6.1 TITLE 	6.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	6.3 STREET ADDRESS 	6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99

Date

305-376-6000

Daytime Phone #

CR2E034 (11/98)