

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90031 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100110

1. Entity Name
CLOSEOUTS USA, INC.

Principal Place of Business Mailing Address
4401 Ponce DeLeon Blvd 4401 Ponce De Leon Blv
Coral Gables, Fl 33146 Coral Gables, Fl 33146

2. Principal Place of Business 3. Mailing Address
8055 NW 77 Ct 8055 NW 77Ct
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #5 Suite #5

DO NOT WRITE IN THIS SPACE

City & State City & State
Medley, Fl Medley, Fl
 Zip Country Zip Country
33166 33166

4. FEI Number Applied For
65-0893408 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Javier Dalmau
4401 Ponce De Leon Blvd.
Coral Gables, Fl 33146

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
8055 NW 77 Ct
 Suite # 5
 City State Zip Code
Medley, Fl FL 33166

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

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

FILE MONTHLY FEE IS \$150.00
AFTER MAY 1, 2001 FEE WILL BE \$250.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC Jorge Dalmau 4401 Ponce De Leon Blvd Coral Gables, Fl 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Aurora G. Dalmau 4401 Ponce De Leon Blvd Coral Gables Fl 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jorge A. Dalmau 4401 Ponce De Leon Blvd Coral Gables, Fl 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Robert Terpening 4401 Ponce De Leon Blvd Coral Gables, Fl 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Javier Dalmau 4401 Ponce De Leon Blvd Coral Gables, Fl 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Laura Dalmau 4401 Ponce De Leon Blvd. Coral Gables, Fl 33146 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8055 NW 77 Ct Suite #5 Medley, Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8055 NW 77Ct Suite #5 Medley, Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8055 NW 77Ct, Suite #5 Medley, Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VS Robert J. Gofus 8055 NW 77 Ct, Suite #5 Medley, Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8055 NW 77Ct, Suite #5 Medley, Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8055 NW 77Ct, Suite #5 Medley, Fl 33166

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: *[Signature]*
 SIGNED AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

5/23/01 305-888-8025

CR2E034 (11/00)