

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90041 042 \*\*\*150.00

**DOCUMENT # P98000105737**

1. Entity Name  
**IDSA USA, INC.**

Principal Place of Business <b>888 BRICKELL AVENUE          FIFTH FLOOR          MIAMI FL 33131</b>	Mailing Address <b>888 BRICKELL AVENUE          FIFTH FLOOR          MIAMI FL 33131-2913</b>
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2. Principal Place of Business <del>7000 Island Boulevard</del>	3. Mailing Address <b>7600 Red Road</b>
Suite, Apt. #, etc. <b>2006 &amp; 2406</b>	Suite, Apt. #, etc. <b>Suite 334</b>
City & State <del>Aventura, FL</del>	City & State <b>Miami, FL</b>



DO NOT WRITE IN THIS SPACE

Zip <b>33160</b>	Country <b>U.S.A.</b>	Zip <b>33143</b>	Country <b>U.S.A.</b>	4. FEI Number <b>65-0908335</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FILINGS, INC.          3732 N.W. 16TH STREET          FT. LAUDERDALE FL 33311-4132</b>		7. Name and Address of New Registered Agent Name <b>Juan Vicente Urdaneta</b> Street Address (P.O. Box Number is Not Acceptable) <b>Saez, Leon, Urdaneta, Calzadilla &amp; Perez-Burelli</b> <b>888 Brickell Avenue, Fifth Floor</b> City <b>Miami</b> FL Zip Code <b>33131</b>	
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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 DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and due if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOREDO, FEDERICO F</b> <b>888 BRICKELL AVENUE</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FEDERICO FLEISCHMANN L.</b> <b>888 BRICKELL AVENUE</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOREDO, EDUARDO F</b> <b>888 BRICKELL AVENUE</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EDUARDO FLEISCHMANN L.</b> <b>888 BRICKELL AVENUE</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **APR. 10, 2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR