

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90301 022 ***150.00

DOCUMENT # P99000016162

1. Entity Name

IWCC USA, INC.

Principal Place of Business

Mailing Address

**BRICKELL KEY DR.
 #404
 FL 33131**

**601 BRICKELL KEY DR.
 SUITE #404
 MIAMI FL 33126-1815**

2. Principal Place of Business

3. Mailing Address

7875 NW 12 ST

Suite, Apt. #, etc.

#111

City & State

MIAMI, FL

Zip

33126

Country

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A
 9350 SOUTH DIXIE HWY, PH 2
 MIAMI FL 33156**

4. FEI Number

65-0897533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

Name

GASTON LARAIGNEE

Street Address (P.O. Box Number is Not Acceptable)

7875 NW 12 ST SUITE 111

City

MIAMI

FL

Zip Code

33126

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 reinstating)

DATE

GASTON LARAIGNEE SECRETARY

4/27/00

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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	DELETE
PST	GODEL, PABLO ALBERTO	14250 S.W. 62 STREET APT. 107	MIAMI FL 33183	<input checked="" type="checkbox"/>
VPD	GODEL, PABLO ALBERTO	14250 S.W. 62 STREET APT. 107	MIAMI FL 33183	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
PD	RASS, CARLOS	7875 NW 12 ST SUITE 111	MIAMI, FL 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	LARAIGNEE, GASTON	7875 NW 12 ST SUITE 111	MIAMI, FL 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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:

GASTON LARAIGNEE

4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #