2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Feb 27, 2004 08:00 AM **DOCUMENT # P99000019879 Secretary of State** 1. Entity Name OROCAFE USA INC. Principal Place of Business Mailing Address 848 BRICKELL AVE 848 BRICKELL AVE STE 830 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0898344 Not Applicable Ζιρ 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 MARTIN, MIGUEL A MA MARTIN & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVE STE 830 MIAMI FL 33131 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature recurred when revisitating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition PEREZ-ALBERT, CARLOS NAME NAME U00000068789 STREET ADDRESS 848 BRICKELL AVE STE 830 STREET ADDRESS 02/27/04-80054-010 300.00 CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change Addition ENAMORADO, KAREN NAME NAME STREET ADDRESS 848 BRICKELL AVE STE 830 STREET ADDRESS CITY-ST-7IP MIAMI FL 33131 CITY-ST-ZIP THE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY+ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

07/10/04 504, 469-1562