2004 FOR PROFIT CORPORATION

Apr 26, 2004 8:00 am Secretary of State ANNUAL REPORT 04-26-2004 90498 035 ***150.00 DOCUMENT # P99000037133 PLANTATION (USA), INC. Principal Place of Business Mailing Address 54039816 520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE **SUITE 0-305 SUITE 0-305** MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04152004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0919212 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OrporateAdministration LLC ROJAS, MARCO E 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 8. The above named entity submits this state of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered age Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Detete Assola, Educado 520 Brickell Key Drive ste 0-305 ASSOLA, LUIZ CARLOS NAME NAME STREET ADDRESS 520 BRICKELL KEY DRIVE SUIRE 305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 4 lami ff 33131 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME ROJAS, MARCO E NAME 520 BRICKELL KEY DRIVE STE 0-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 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

FILED

☐ Change

☐ Addition

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 glyby like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Eduardo Assola SIGNATURE: (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF