		PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETII	NG THIS FORM.	
				A DEPARTMENT OF STATE Katherine Harris Secretary of State			_	
				VISION OF CORPORATIONS			ILED	
DOCUMENT # P9900052105 1. Corporation Name						00 NOV 13 AM 9: 18		
TAMBO USA, INC.						SECRETARY OF STATE TALLEAHASSEE: FLORIDA		
Principal Place of Business Mailing Address								
540 BRICKELL AVENUE				133				
If above addresses are incorrect in any way, line through incorrect information and enter correction be						REINSTATEMENT WWW		
New Principal Office Address, If Applicable New Mailir				ng Office Address, If Applicable 4. Date Incorp			orated or Qualified ess in Florida 06	/03/1999
100-N:-				Hart, P.A. Biscayne=Blvd.=#2600 5. FEI Number				Applied For
City & State City & S MTami Zip Country Zip			MIami,	, FL 33132 6.				Not Applicable 5 Additional Fee required ra Certificate of Status
7 Names s	and Street Ad	dragge of Each Officer and	33132	usida popprofit comora		<u> </u>	10	ra Certificate of Status
Title(s)	nes and Street Addresses of Each Officer and/or Director (Flor Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / Sta	te / Zip
<u>1</u>	SUCRE-PIMENTEL, ALEJANDRO			AV. FRANCISCO DE MIRANDA, TORRE			CAMPO ALEGRE, CHACAO,CARACASVZ	
D+++++					PE WIRANDA"	ARRE+++++	+CAMPOLALEGRE, CHAC	AP,CARACASVZ.++
DELETE D HATCH, DONALD				AV. FRANCISCO DE MIRANDA, TORRE			CAMPO ALEGRE, CHACAO,CARACASVZ	
+ 0+++++ CASTIELO; SERGIO:SUCRE+++++++++++				+AV+ FRANCISCO DE MIRANDA,+TORRE+++++			+GAMPO-ALEGRE+CHAGAO,GARACASVZ-	
DELETE								
				51			100034965560 -12/12/0001025030	
	j						***1500.00	****750.00
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent		
						D.O. Hou Number	h Aled A en atable)	T.g.
HART, DAVID J 100 N. BISCAYNE BLVD.							is Not Acceptable)	
SUITE #2600					Suite, Apt. #, Etc.			
MIAMI FL 33132						State Zip Code		
10. I, being Signature o Registered	of	he registered altern of the ab		oation, am familiar w	ith and accept the c	obligations of Secti		00
this rein owed b	statement ap y the corpora	officer or director or the rece	iver or trustee en olution has beer names of individ	mpowered to execute n eliminated, the corporated	orate name satisfies m do not qualify for	s the requirements r an exemption und	apter 607 or 617, F.S. I further of section 607.0401 or 617.04 der section 119.07(3)(i), F.S.	101, F.S., that all lees

SICHE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR

SIGNATURE:

CR2E040 (8/00)

11/3/00 (305) 5779977

Date Daytime Phone #