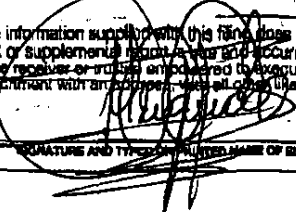


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000059583					
1. Entity Name MAKRO USA, INC.					
Principal Place of Business 1155 BRICKELL BAY DRIVE #2704 MIAMI, FL 33131			Mailing Address 1155 BRICKELL BAY DRIVE #2704 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FFL Number 04272004 Cmg-P CR2E004 (10/03)					
Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
MIRANDA, JOSE 5001 S.W. 74TH COURT SUITE 202 MIAMI, FL 33131					
7. Name and Address of New Registered Agent					
NAME					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL 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:  JOSE MIRANDA Y.P. DATE: April 28/04					
NOTE: Registered Agent signature required when reappointing.					
FILE NOW! FEE IS \$850.00 After May 1, 2004 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MIRANDA, CARLOS		NAME		
STREET ADDRESS	1155 BRICKELL BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	SVD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MIRANDA, JOSE		NAME		
STREET ADDRESS	1155 BRICKELL BAY DRIVE		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		
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)(X), 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, date of appointment, and type of appointment.					
SIGNATURE:  JOSE MIRANDA Y.P. DATE: April 28/04					
SIGNATURE AND TYPE OF OFFICER, DIRECTOR, OR EMPLOYEE					