2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State
03-24-2004 90014 037 ***158.75

DOCUMENT # P99000086339

1. Entity Name
ALUMINA USA, INC.

Principal Place of Business	Mailing Address
2100 CORAL WAY SUITE 203 MIAMI, FL 33145	2100 CORAL WAY SUITE 203 MIAMI, FL 33145

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4000 PONCE DE LEON	4000 PONCE DE LEON
Suite Apt. #, etc. SUITE 450	Suite Apt. #, etc. SUITE 450
City & State CORAL GABLES, FLORIDA	City & State CORAL GABLES, FLORIDA
Zip 33146 Country USA	Zip 33146 Country USA

4. FEI Number
65-0951392
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON, WESLEY M ESQ. 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131	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 _____ DATE
(If changing registered agent, registered agent must sign above. If changing registered office address, an officer must sign above.) (If changing registered agent, registered agent must sign above. If changing registered office address, an officer must sign above.)

FILE NOW!!! FEE IS $150.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LUIS MIGUEL 2100 CORAL WAY SUITE 203 MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D **GARCIA, LUIS MIGUEL** **4000 PONCE DE LEON - SUITE 400** **CORAL GABLES, FLORIDA 33146** ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTO DOMINGO, FELIPE 2100 CORAL WAY SUITE 203 MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D **SANTO DOMINGO, FELIPE** **12 TURTLE WALK** **KEY BISCAYNE, FLORIDA 33149** ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTO DOMINGO, MIGUEL 2100 CORAL WAY SUITE 203 MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P **SANTO DOMINGO, MIGUEL** **2127 BRICKELL AVENUE - APT. 602** **MIAMI, FLORIDA 33129** ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALLEJAS, MARIO 2100 CORAL WAY SUITE 203 MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP **MCALLEJAS, MARIO** **2428 CORDOBA BEND** **WESTON, FLORIDA 33327** ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 other like empowered.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR