2000 UNIFORM BUSINESS REPORT (UBR) 7/1

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90032 019 ***391.25
07-25-2000 90062 001 ***150.00
07-25-2000 90062 002 *****8.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000094202

1. Entity Name
FOCUS USA DISTRIBUTORS IMPORT & EXPORT, INC.

Principal Place of Business	Mailing Address
12440 N.W. 15TH ST SUNRISE FL 33323-5632	12440 N.W. 15TH ST SUNRISE FL 33323-5632

2. Principal Place of Business	3. Mailing Address
12440 NW 15th St.	12440 NW 15th St.
Suite, Apt. #, etc.: (#3201)	Suite, Apt. #, etc.: (#3201)
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33323 Country:	Zip: 33323-5632 Country:

4. FEI Number 65-0956796 ☐ 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
FONSECA, DANIEL 12440 N.W. 15TH ST SUNRISE FL 33323-5632	Name: FONSECA, DANIEL Street Address (P.O. Box Number is Not Acceptable): 12440 N.W. 15TH STREET #3201 City: SUNRISE **FL** Zip Code: 33323-5632

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.

SIGNATURE [signature] DATE 08/05/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (*See criteria on back*) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONSECA, DANIEL 12440 N.W. 15TH ST SUNRISE FL 33323-5632 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fonseca, Daniel 12440 NW 15th St. #3201 Sunrise, FL 33323-5632 ☒ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED 07/18/00 (954)835.1442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #