FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am DOCUMENT # 7990009444 Secretary of State 05-22-2001 90038 026 \*\*\*150.00 Fuergia Usa INC. Principal Place of Business Mailing Address 1221 BRICKELL AV. 1221 BRICKELL AVENUE SUITE 1200 MIAM 1, FL., 33131 MIAMI, FL., 33131 769975 C/O PATRICIA MENENDEZ CAMBO 2. Principal Place of Business 1221 Brickell Avenue 1221 Brickell Avenue c/o Patricia Menéndez Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 1200 Suite 1200 Applied For City & State Miami, FLA City & State 4. FEI Number Miami, FLA 65-0961900 Not Applicable Country \$8.75 Additional 33131 Country 33<sup>1</sup>31 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE 32301 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE □ Delete TITLE NAME EDUARDO CA RIDE 1221 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINMI, FL. 33131 CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE PATRICIA MENENDEŁ CAMBO NAME NAMÉ 1221 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL., 33131 CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE MARIADOLO RES PIZARRO NAME NAME 1221 BRICKELL AV. STREET ADDRESS STREET ADDRESS MIAMI, FL., 33131 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE JUANIARLOS ROS BRUGUERAS NAME 122 & BRICKELL AV. STREET ADDRESS STREET ADDRESS MIAMI, FL., 33131 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Detete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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: PATRICIA MENEURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date