2003 FOR PROFIT CORPORATION

Mar 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P99000094915 DOCUMENT # 03-03-2003 90852 018 ***150.00 1. Entity Name MASINI USA, INC. Mailing Address Principal Place of Business C/O PACKMAN, NEUWAHL & ROSENBERG C/O PACKMAN, NEUWAHL & ROSENBERG 1500 SAN REMO AVE. 1500 SAN REMO AVE. CORAL GABLES FL 33146 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TI CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0964122 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired __ _ -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Baltagi ATRIUM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE. CORAL GABLES FL 33146 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when minstating) FILE:NOWIII-FEE-IS:\$150:00= 9. Election Campaign Financing-\$5:00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MASINI, PATRIZIO NAME NAME 1500 SAN REMO AVE. STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP CITY-ST-ZIE Addition TITLE ☐ Delete TITLE Change DE TOFFOL, GIORDANO NAME NAME 1500 SAN REMO AVE STE 125 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP :--CORAL-GABLES-FL-33146: -CITY-ST. ZIP. ☐ Addition TITLE ☐ Defete TITI F CEO NAME MASINI, ARIANNA NAME 1500 SAN REMO AVE STE 125 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF CORAL GABLES FL 33146 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

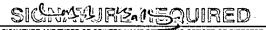
STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP



FILED