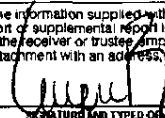


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 015 ***150.00

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000095501			
1. Entity Name PC CAD USA CORPORATION			
Principal Place of Business 9893 N KENDALL DRIVE MIAMI, FL 33176		Mailing Address 7225 NW 25 ST STE 108 MIAMI, FL 33122	
2. Principal Place of Business		3. Mailing Address 9893 N. Kendall Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami FL 33176	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent RAMIREZ, ANDRES 9893 N KENDALL DRIVE MIAMI, FL 33176		4. FEI Number 65-0960886	
5. Name and Address of New Registered Agent		Applied For ☐ Not Applicable	
Name		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when appointing)			
DATE _____			
9. Election Campaign Financing -- ☐ \$5.00 May Be Added to Fees		Trust Fund Contribution. ☐	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		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 of 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: 		04-28-03	
Typed or printed name of signing officer or director		Date	