FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State

1. Entity Name 1. Entity Name V. S. A. CONSTRUCTION SYSTEMS, INC.				05-08-2002 90006 037 ***150.00	
DO NOT WRITE IN THIS SPACE					
Suite, Apt. #, etc.			PAL HUN.	DO NOT WRITE IN THIS	SPACE
City & State DANIA BEY Zip 33004	Country		CH3 Fl.	4. FEI Number 58-2505 072 5. Certificate of Status Desired □	Applied For Not Applicable \$8.75 Additional
DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered.			Name GER	7. Name and Address of Current Registered 9LD ADAM 5 P. Box Number is Not Acceptable)	Fee Required Agent
			City PAVI	N. FEDERAL HWY. A BEACH FL ed agent or both in the State of Elevide	Zip Code
SIGNATURE	d or printed name of perfetered agent a	- GERA	D ADAM5- tered Agent signature required	- REG. AGENT 4	-29-02

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

9. This corporation is eligible to satisfy its inta-Tax filing requirement and elects to do so 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE MARC COTE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TOUN WOOD CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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 on an

SIGNATURE

MARC COTE-PRESIDENT 4-29-02
Pale OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)