

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90322 036 ***150.00

DOCUMENT # S59626

1. Entity Name
COSTA-USA, INC.

| | |
|---|---|
| Principal Place of Business INSURGENTES SUR 1999 COLONIA GUADALUPE INN MEXICO, D.F. US | Mailing Address INSURGENTES SUR 1999 COLONIA GUADALUPE INN MEXICO, D.F. US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number 65-0274303 | Applied For Not Applicable |
|---------------------------------|-------------------------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VILLA, OSCAR J III
 2100 SALZEDO ST
 SUITE 300
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOLANOS CACHO, AGUSTIN GARCIA INSURGENTES SUR 1999 MEXICO, D.F. <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S REVILLA, CARLA INSURGENTES SUR 1999 MEXICO, D.F. <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SUAREZ, DAVID INSURGENTES SUR 1999 MEXICO, D.F. <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARQUEZ, JAIME INSURGENTES SUR 1999 MEXICO, D.F. <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT WARREN, THOMAS INSURGENTES SUR 1999 MEXICO, D.F. <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Doc # 559020
B0018512

1037

63-60/660

DATE FEBRUARY 26, 2001

\$ 150.00

Security Features
Date of issue

DOLLARS

GRUPO COSTAMEX S.A. DE C.V.

PAY TO THE

ORDER OF *** FLORIDA DEPARTMENT OF STATE ***

ONE HUNDRED FIFTY DOLLARS AND 00/100 USCY

Janet Ross [Signature]

SUNTRUST

SunTrust Bank, Miami, N.A.
Miami, FL (305) 591-6000

⑈00001037⑈ ⑈066000604⑈0542001022905⑈