

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074825

**Entity Name:** SUPLEMEX USA LLC**Current Principal Place of Business:**14250 SW 62 ST APTO 510  
MIAMI, FL 33183**Current Mailing Address:**14250 SW 62 ST APTO 510  
MIAMI, FL 33183 US**FEI Number:** 27-4059478**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAVENTOS, ANTONIO  
17743 SW 47 ST.  
MIRAMAR, FL 33029 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

|                 |  |
|-----------------|--|
| Title           | PRESIDENT  |
| Name            | CAINAS, JORGE A  |
| Address         | FELIX CUEVAS 329 TORRE B DPTO<br>402<br>COLONIA DEL VALLE. DELEGACION<br>BENITO JUAREZ |
| City-State-Zip: | MEXICO DISTRITO FEDERAL 03100  |

|                 |  |
|-----------------|--|
| Title           | VP   |
| Name            | MORFA, MAYLAN  |
| Address         | FELIX CUEVAS 329 TORRE B DPTO<br>402<br>COLONIA DEL VALLE. DELEGACION<br>BENITO JUAREZ |
| City-State-Zip: | MEXICO DISTRITO FEDERAL 03100  |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | DE LA RIVA, TOMAS       |
| Address         | 14250 SW 62 ST APTO 510 |
| City-State-Zip: | MIAMI FL 33183          |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAYLAN MORFA

VP

02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date