FILED Apr 10, 2007 8:00 am Secretary of State 04-10-2007 90013 033 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000003229 1. Entity Name OHL USA, INC.											
Principal Place of Business CALLE GOBELAS, NO. 35-37 MADRID, SPAIN 28023, XX				ailing Address ALLE GOBELAS, NO. MADRID, SPAIN 18023, XX	<u> </u>	40055366				(11)	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04022007					
City & State				City & State		4. FEI Numb			_ 	plied For t Applicable	
Zip	Country			Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New I	Registered A	gent	
RIVERO, MI	DIALYS	СРА				ivallie .					
RIVERO & A 9360 SUNSE	SSOCIA T DRIVI	TES CPAS, PA				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33173						City			FL	Zip Code	9
8 The above of	amed ehtity	euhmite this statemen	t for the r	ournose of changing its	s register	ed office or registe	red agent or bo	oth in the State of Fl		miliar with	and accept
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 rehistered agent.											
SIGNATURE X COLUMN X											
	gnature, tyled o	or printed name of registered ag	ent and tale	if applicable (NO	TE: Registere	d Agent signature require	d when reinstating)		DATE		
		FEE IS \$150.00 Fee will be \$55	0.00	9. Election Campa Trust Fund Con			.00 May Be ded to Fees				
10.		OFFICERS AI	VD DIRE	CTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
l l	DPST EANDRES, FRANCISCO MARI				TITL					☐ Change	Addition
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CITY-ST-ZIP						'-ST-ZIP					-
TITLE				☐ Delete	TITL	E				Change	Addition
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CITY-ST-ZIP						-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (- ST-ZIP					
12 I bereby ce	rtify that the	information supplied	with this I	filing does not qualify t	or the ex	emotions containe	d in Chapter 11	9, Florida Statutes.	I further certif	y that the in	nformation
indicated or	n this repor	t or supplemental repo e receiver or trustee er	rt is true noowere	and accurate and that id to execute this repor	my signa t as requ	itura chall have the	came legal offe	ct se il made under	nath: that I ar	n an officer	or director 1
changed, o	romanada	Chimetit with an appear	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Il other like empowered	u.		-		^	_ •	\
SIGNATU	JRE: ^스	SIGNATINE AND WED	OR PRINTE	D NAME OF SIGNING OFFICE	R OR DIREC	TOR		4/05/07 Date	30 Da	ytime Phone #	2-97-06
I		SIGNAL DITE MUD INVEST		m_ or ordinate or Fige		•			-		1