


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90065 033 \*\*\*\*61.25

<b>DOCUMENT # 714449</b> 1. Entity Name INTERNATIONAL TOWERS ASSOCIATION, INC.			
Principal Place of Business 1400 S W 27TH AVENUE #707 MIAMI FL 33145		Mailing Address 1400 S W 27TH AVENUE #707 MIAMI FL 33145	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1236029		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>NUNEZ, FAUSTINO</b> 1400 SW 27 AVE #101 MIAMI FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME	P NUNEZ, FAUSTINO	<input checked="" type="checkbox"/> Delete		TITLE NAME	P ANTONIO ROQUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1400 SW 27TH AVE -101			STREET ADDRESS	1400 SW 27TH AVE # 707		
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP	MIAMI, FL 33145		
TITLE NAME	T LAMAR, ENA	<input checked="" type="checkbox"/> Delete		TITLE NAME	T FAUSTINO NUNEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1400 SW 27TH AVE -501			STREET ADDRESS	1400 SW 27TH AVE # 101		
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP	MIAMI, FL 33145		
TITLE NAME	S VALDES, ROSARIO	<input checked="" type="checkbox"/> Delete		TITLE NAME	S OSVALDO CRESPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1400 SW 27TH AVE			STREET ADDRESS	1400 SW 27TH AVE # 303		
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP	MIAMI, FL 33145		
TITLE NAME	D MACIAS, WALTER	<input checked="" type="checkbox"/> Delete		TITLE NAME	D RAMON GOMEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1400 SW 27TH AVE- 707			STREET ADDRESS	1400 SW 27 AVE # 102		
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP	MIAMI, FL 33145		
TITLE NAME	D MARTINER, RAMON	<input checked="" type="checkbox"/> Delete		TITLE NAME	M MARGARITA MARSHON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1400 SW 27TH AVE - 102			STREET ADDRESS	1400 SW 27 AVE # 306		
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP	MIAMI, FL 33145		
TITLE NAME	I SIERRO, LUIS	<input checked="" type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1400 SW 27 AVE 707			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP			

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 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 617, 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: FAUSTINO NUNEZ 1/20/04 305.299.3929  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #