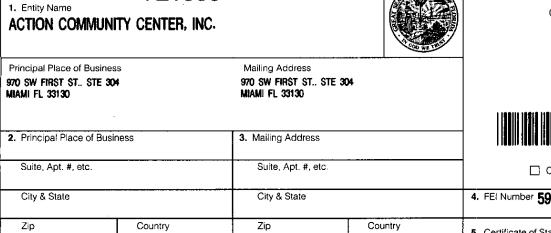
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721665



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90055 042 ****70.00

					-				
Principal Plac 970 SW FIRST MAMI FL 3313		Mailing Address 970 SW FIRST ST STE 304 MIAMI FL 33130							
2 Principal P	Place of Business	3. Mailing Address							
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-1620743		<u> </u>	pplied For ot Applicable	
Zip Country		Zip	Coun	try	5. Certificate of Stat	us Desired 🔏 🔭	8.75 Add ee Require	ditional ed	
	6. Name and Address of Current I	Registered Agent			7. Name and Addre	ss of New Registered A	jent		
6				Name					
502 N.W.	DE OCA, MERCY 871H AVE. #106		Street Address			(P.O. Box Number is Not Acceptable)			
MIAMI FL	. 331/2			City	to the same of the	FL	Zip Cod	Je	
	named entity submits this statement for			-			<u> </u>		
the obligat	ions of registered agent. Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered /	Agent signature require	ed when reinstating)	DATE			
ı	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees	Make Check · Florida Departr			
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIRI	ECTORS IN	l 10	
TITLE	PCD	☐ Delete	TITLE				Change	☐ Addition	
NAME	ALZOLA, ERNESTO		NAME						
STREET ADDRESS CITY-ST-ZIP	1101 SW 103RD COURT		STREET CITY-S	ADDRESS T_7IP					
	VD	Пън	-	- L			Change	- Addition	
itle Name	FERNANDEZ CANO, MANOLO	☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS	8030 SW 16 ST			ADDRESS					
CITY-ST-ZIP	MIAMI FL	•	CITY-S		· . / [] 1 1 1 1	1			
HTLE	SD	☐ Delete	TITLE	1 1	of Tool and		Change	Addition	
NAME	ACOSTA, DOMINGO		NAME		0841259	7 7 6			
STREET ADDRESS			STREET	ADDRESS	100.00	2 1			
CITY-ST-ZIP	MIAMI FL		CITY-S	T-ZIP	\$ 70.00	3 5			
TITLE	TD	☐ Delete	TITLE				☐ Change	Addition	
IAME	MONTES, DE OCA-GUTIERR M		NAME		UD				
STREET ADDRESS	502 N.W. 87TH AVE. #106			ADDRESS					
CITY-ST-ZIP	MIAM) FL 33172		CITY-S	1-ZIF					
ITLE		☐ Delete	TITLE				Change	☐ Addition	
iame Street address	•			ADDRESS				ĺ	
CITY-ST-ZIP			CITY-S						
TITLE		□ Delete	TITLE				Change	Addition	
NAME		T Delete	NAME				v.m.gc		
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	T-ZIP					
12 I hereby	certify that the information supplied with	this filing does not qualify for	the evern	ntion stated in S	ection 119 07/3)(i) Flori	da Statutos. I further certif	iv that the i	nformation	

I nereby 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 received or trustee employered 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:

01-07-03

(305) 545-9298