2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2601 S. BAYSHORE DRIVE. STE.

F97000004710 **DOCUMENT #**

1. Entity Name

Principal Place of Business

VIAJES EL CORTE INGLES, INC.

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90073 045 ***150.00

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2601 S. BAYSHORE DRIVE. STE. 100 COCONUT GROVE FL 33133		2601 S. BAYSHORE DRIVE. STE. 100 COCONUT GROVE FL 33133									
2. Principal Place	e of Business	3. Mailin	g Address				1 18 6110 6 1111				
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI	Number	13-341603	3	<u> </u>	olied For Applicable	
Zip	Country Zip Cour			Count	try	5. Cer	tificate of S	status Desired		\$8.75 Addi	
					7. Nan	ne and Ad	dress of New	Registered	Agent		
	6. Name and Address of Current F	legistered	Agent		Name						ŀ
	_							Net Assortab	<u></u>		
	, DEBORAH				Street Address (P.O. Box Number is Not Acceptable)						
21150 POIN	IT PLACE, APT. 705				<u> </u>				<u> </u>		
AVENTURA					Ĺ <u> </u>					Zip Cod	
N					City				F	∟ `	
					L-files or regist	torod agen	nt or both i	n the State of F	lorida. I ar	n familiar with,	and accept
8. The above no the obligation	arned entity submits this statement for ns of registered agent.	the purpo	ose of changing its	s register	ed office or regist	croo ago	., •				
SIGNATURE			(NO:	TC: Dooister	ed Agent signature requi	ired when reins	stating)		DATE		
SIGNATURE	gnature, typed or printed name of registered agent	and title if appli	icable. (NO	TE, Hegister							
Δfter l	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00						9. Electi Trust	ion Campaign Fund Contribu	Financing tion.		00 May Be d to Fees
Make Check	Payable to Florida Department o	State				<u></u>	NITIONS (CI	JANGES TO O	FFICERS A	ND DIRECTOR	S IN 11
10.	OFFICERS AND	DIRECTO	RS			ADD	JITION37CI	IANGEO 10 0		Change	☐ Addition
TITLE	AP		Delete	ŢſŢ							
NAME	BENSADON, DEBORAH				ME Reet address						
STREET ADDRESS	21150 POINT PLACE, APT. 705				TY-ST-ZIP						
CITY-ST-ZIP	AVENTURA FL 33180			_						☐ Change	Addition
TITLE	PDC		☐ Delete		ILE IME						
NAME	ALVAREZ, ISIDORO				REET ADDRESS						
STREET ADDRESS	DR ZAMENHOFF NO 22			CI	TY-ST-ZIP						
CITY-ST-ZIP	MADRID SPAIN 28027				TLE					Change	Addition Addition
TITLE	SD		☐ Delete		AME						
NAME	DE MINGO CONTRERAS , JUA	N			TREET ADDRESS						
STREET ADDRESS	DR ZAMENHOFF NO 22		**	, с	ITY-ST-ZIP						
CITY-ST-ZIP	MADRID SPAIN 28027		☐ Delete	_ _	ITLE					☐ Change	Addition
TITLE	T CARLOS		[Delete		AME						
NAME	MARTINEZ, CARLOS DR ZAMENHOFF NO 22			s	TREET ADDRESS						
STREET ADDRESS	MADRID SPAIN 28027			C	ATY-ST-ZIP						□ Addition
CITY-ST-ZIP			☐ Delete	1	ITLE					Change	e
TITLE	DV MUNARRIZ, FLORENCIO			N	IAME						
NAME STREET ADDRESS	DR ZAMENHOFF NO 22				STREET ADDRESS						
CITY-ST-ZIP	MADRID SPAIN 28027				CITY-ST-ZIP					Chang	e
	INCIDITION OF AUT EAGE.		☐ Delete		TITLE					□ chang	e 🗖 Wantion
TITLE					NAME						
NAME STREET ADDRESS					STREET ADDRESS						
					CITY-ST-ZIP		440.07/07/	i) Elorido Stati	ites I furthe	er certify that th	e information
12. I hereby	certify that the information supplied v	ith this filir	ng does not qualif	y for the	exemption stated anature shall have	in Section the same	: 119.07(3)(: legal effec	t as if made ur	nder oath; th	nat I am an office ears in Block 10	cer or director

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 turther 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4



208-858080