2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90033 048 ****50.00

DOCUMENT # L01000014388

1. Entity Name
WHITE CORAL HOLDINGS, L.C.

Principal Place of Business	Mailing Address
338 MINORCA AVE. CORAL GABLES FL 33134	338 MINORCA AVE. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 80-0007856 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CABEZA, MANUEL E
338 MINORCA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: International Registered Agents Corporation
Street Address (P.O. Box Number is Not Acceptable): 338 Minorca Avenue
City: Coral Gables **FL** Zip Code: 33134

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.

SIGNATURE: for. [signature] Maria Elena Cabeza, President — January 14, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALVAREZ, ANTONIO 338 MINORCA AVE. CORAL GABLES FL 33134	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr/P/S/T Antonio Alvarez Jaramillo Cra. 9A #131-40 Apto.502 Edif. Caminos del Cerro Bogota; Colombia	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [signature] Antonio Alvarez Jaramillo, Manager — 011-571-615-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #