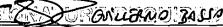
FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600001519 Secretary of State 03-28-2002 90138 027 ****61 25 CENTRO CULTURAL ESPANOL DE COOPERACION IBEROAMER ICANA, INC. Principal Place of Business Mailing Address 800 DOUGLAS ROAD 800 DOUGLAS ROAD SUITE 170 SUITE 170 MIAMI FL 33134 MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0718459 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) RJVF CORPORATE SERVICES, INC C/O STEEL, HECTOR & DAVIS, INC 200 SOUTH BISCAYNE BLVD SUITE 4000 Zip Code **MIAMI FL 33131** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE VALLAURE, JAVIER NAME NAME 800 DOUGLAS ROAD #170 CR2E037 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33134** TITLE Change ☐ Addition TITLE ☐ Delete LINARES, JULIAN NAME NAME 800 DOUGLAS ROAD #170 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33134 CITY-ST-ZIP TITLE Delete__ VALDES-FAULI, RAUL J NAME NAME 800 DOUGLAS ROAD #170 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33134 CITY-ST-7/P ☐ Delete Change ■ Addition TITLE TITLE BASSO, GUILLERMO NAME NAME 800 DOUGLAS RD #170 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 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: ≤



305-448-9677