

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91746 026 ***150.00

DOCUMENT # P00000027361
1. Entity Name DIGICAD INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>9367 Fontainebleau blvd.</u>		3. Mailing Address <u>9367 Fontainebleau blvd.</u>	
Suite, Apt. #, etc. <u>Ap. G 231</u>		Suite, Apt. #, etc. <u>Ap. G. 231</u>	
City & State <u>Miami, FL.</u>		City & State <u>Miami, FL.</u>	
Zip <u>33172-5641</u>	Country <u>U.S.A.</u>	Zip <u>33172-5641</u>	Country <u>U.S.A.</u>

4. FEI Number
EIN 65-1014828.

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<u>FL</u>	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	NAME	TITLE	NAME
P/	CARLOS N. ZULUAGA 9367 Fontainebleau blvd. Ap G 231 Miami, FL. 33172-5641		
D/	NATALIA CORREA 9367 Fontainebleau blvd. Ap G 231 Miami, FL. 33172-5641		
S/	ANA BEATRIZ CORREA 9367 Fontainebleau blvd. Ap G. 231 Miami, FL. 33172-5641		
D/	ISABEL C. ESTRADA 9367 Fontainebleau blvd. Ap G. 231 Miami, FL. 33172-5641		

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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] CARLOS MANUEL ZULUAGA Date 5-2-02 Daytime Phone # (305) 4771502

CR2E034B (12/01)