

05-28-2002 91752 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101712
 1. Entity Name
LASER ARG. CO. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1120 Pennsylvania Av. #5</u>		3. Mailing Address <u>7286 N.W. 8 st.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State	
Zip <u>33139</u>	Country	Zip <u>33126</u>	Country <u>E.E. U.U.</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1066141</u>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>Perez Sergio O.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1120 Pennsylvania Av. #5</u>			
City <u>Miami</u>		FL	Zip Code <u>33139</u>

DO NOT WRITE IN THIS SPACE

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)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pd</u> <u>Perez Sergio O.</u> <u>1120 Pennsylvania Av # 5</u> <u>Miami, FL, 33139</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vd</u> <u>Estudio Leo</u> <u>1120 Pennsylvania Av. #5</u> <u>Miami, FL, 33139</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SERGIO O. PEREZ 04-30-02 (305) 261-3970
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #