


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90171 047 \*\*\*150.00

**DOCUMENT #** P02000009792

**1. Entity Name**  
ADISTEC, CORP.



**Principal Place of Business**  
C/O ROTH ROUSSO & DARRACH PA  
3440 HOLLYWOOD BLVD STE 360  
HOLLYWOOD FL 33021

**Mailing Address**  
C/O ROTH ROUSSO & DARRACH PA  
3440 HOLLYWOOD BLVD STE 360  
HOLLYWOOD FL 33021



**2. Principal Place of Business**  
7620 NW 25th Street  
Suite, Apt. #, etc. 8

**3. Mailing Address**  
7620 NW 25th Street  
Suite, Apt. #, etc. 8

CHECK HERE IF MAKING CHANGES

**City & State**  
Miami, Florida

**City & State**  
Miami, Florida

**Zip** 33122 **Country** USA

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**4. FEI Number** 03-0384351

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**

**ROTH, LEONARDO A/ESQ**  
C/O ROTH ROUSSO & DARRACH PA  
3440 HOLLYWOOD BLVD STE 360  
HOLLYWOOD FL 33021

**Name** ADISTEC, COMP.

**Street Address (P.O. Box Number is Not Acceptable)**  
7620 NW 25th Street, Unit #8

**City** Miami **FL** **Zip Code** 33122

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]* **Authorized Signatar** **04/21/03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DPVS NOGUERA, JUAN JOSE 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	7620 NW 25 Street Unit #8 Miami FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	7620 NW 25 Street Unit #8 Miami FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **Signature Required** **4-21-03** **(786)221-2300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/02)