FOR PROFIT CORPORATION RM BUSINESS REPORT (UBR)

FILIFD

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 1. Entity Name	P02000021605
CANOL CROUI	5 INC

SANOL GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 27300 West Atlantic Blvd. 27300 West Atlantic Blvd. Suite, Apt. #, etc. 200 - 37 Suite, Apt. #, etc. 200 - 37 City & State POMPANO BEACH - FL City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 010681979 PÓMPANO BÉACH - FL Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired 33069 USA 33069 USA Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name RAICIC, MERITA	
Street Address (P.O. Box Number is Not Acceptable)	

27300 West Atlantic Blvd. Ste. 200 - 37 Zip Code 33069 City POMPANO BEACH

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.

(NOTE: Registered Agent signature required when reinstaling)

04/25/03

January 1 - May 1 Fee is \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00

Tax filing requirement and elects to do so. (See criteria on back)

Amended UBR is \$61.25 Make Check Payable to Department of State

Trust Fund Contribution.

Added to Fees

OFFICERS AND DIRECTORS 11. TITLE JÚSTE, EDUARDO O. NAME NAME 27300 West Atlantic Blvd. Ste 200 - 37 STREET ADDRESS STREET ADDRESS Pompano Beach - FL 33069 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE SANTANA, FERNANDO NAME NAME 27300 West Atlantic Blvd. Ste 200 - 37 STREET ADDRESS STREET ADDRESS Pompano Beach - FL 33069 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE RAICIC, MERITA NAME NAME 27300 West Atlantic Blvd. Ste 200 - 37 STREET ADDRESS STREET ADDRESS DO NOT WRITE Pompano Beach - FL 33069 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY - ST - 7IP

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

MERITA RAICIC

04/25/03

Date

(321) 725-8676

Daytime Phone #

CR2E034B (12/01)