PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM GE 1612

| | RPORATION ISTATEMI | | Sec | EPARTMENT Corretary of State | | | FILE | ID |
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| DOC! | UMENT | # PO20 | 00043 | 195 | | | 03 DEC 18 | AM 10: 05 |
| | ation Name | # POZE Ajo Inves | streets, | INC. | | Ī | SECRETARY O ALLAHASSEE | IF STATE , PLORIDA |
| | | | | | | | | |
| 1375 | | SMEEL | 3. Mailing Office | 15 SMEE | ·} | n/02/0 | 3 01063 | 027 (50.00 |
| Suite, Apt. | #, etc. | ; | Suite, Apt. #, etc | | | 4. Date Incorporate To Do Business i | d or Qualified | |
| City & State | | 33125 | City & State | FL. | | 5. FEI Number | 9426 | Applied For |
| 331 | | Country USA | 33125 | Country | | 6. CERTIFICATE OF S | 100 | 8.75 Additional Represented for a Certificate of Status |
| | 7. Name and Address of Current Registered Agent | | | | | | | |
| | Name Julio CESAN PENEZ, AHOWEY AL LAW | | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 13 95 NW 15 21. VPPER TOUR | | | | | | | |
| | Suite, Apt. # | ŧ, Etc. | | | | Í | | |
| | City Linni State Zip Code 733125 | | | | | | | |
| B. I, being Signature c Registered | of | registered agent of the ob | ove named corporati | | nd accept the of | | 7.0505 or 617.0503, F. | .s. |
| 9. Names | s and Street Ad | dresses of Each Officer ar | nd/or Director (Florida | nonprofit corporation | ns must list at le | ast 3 directors) | | |
| Titles | | Name of Officers and/or Directors | | Officer | Address of Each and/or Director | - | . | tate / Zip |
| PD | | | | 395 NW 15 Tiani, FL. | 33125 | T P | liani, II. | 33/25 |
| 10 | المح درها | LEZ, OLGA r | 1. | | " | | • \ | |
| STO | PEREZ | , dulio C. | | v | | U' | y k | vi |
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| | | | | SENS! | ATE | in al D | 515 | |
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| this rei owed b | on the corporation is to | incer or director or the reconcation, the eason for dison have been paid and the rue and accurate, and my | solution has been elli names of individuals signature shall have t | minated, the corporate listed on this form do the same legal effect a | e name satisfies o not qualify for a as if made under | the requirements of sec an exemption under sec r oath. | ction 607.0401 or 617. tion 119.07(3)(i), F.S. | .0401. F.S., that all fees |
| | sið | NATYRE AND TYPED OR PE | RINTED NAME OF SIGN | ING OFFICER OR DIRE | CTOR | Date | | aytime Phone # |

AJO INVESTMENTS, INC. 1395 N.W. 15th-STREET, 2nd FLOOR MIAMI, FLORIDA 33125-1621 (305) 512-0810

Annual Reports Filings Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: 2003 Annual Report
AJO Investments, Inc.
DOC#: P02000043195

To Whom It May Concern:

It was just brought to my attention that the attached Annual Report for the year 2003 was not filed for the above mentioned corporation.

I never received the original report from your office. Please notice there was a change of address.

Enclosed please find check for \$ 150.00 and I will greatly appreciate if the late filing fee is abated.

Please update my records and do not dissolve my corporation.

Thank you in advance for your prompt attention to this matter and let me know if you need additional information.

Sincerely yours,

Julio Cesar Perez, Treasurer/Secretary

November 24, 2003