FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90929 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000071321**

1. Entity Name
LUSOL CORPORATION

90086390

Principal Place of Business	Mailing Address
35 ALMERIA AVENUE CORAL GABLES, FL 33134	35 ALMERIA AVENUE CORAL GABLES, FL 33134

2. Principal Place of Business		3. Mailing Address	
888 Brickell Ave.		c/o Luis M. Artime P.A.	
Suite, Apt. #, etc.: 5th Floor		Suite, Apt. #, etc.: 888 Brickell Ave. 5th Floor	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33131	Country:	Zip: 33131	Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0630035 ☐ 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

Name: Luis M. Artime P.A.
Street Address (P.O. Box Number Is Not Acceptable): 888 Brickell Ave.
5th Floor
City: Miami **FL** Zip Code: 33131

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: Luis Artime, President 4/2/03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President / Director NAME: Ramon Heredia STREET ADDRESS: 888 Brickell Ave. 5th Floor CITY-ST-ZIP: Miami, FL 33131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Treasurer / Secretary NAME: Susana Gimenez de Heredia. STREET ADDRESS: 888 Brickell Ave. 5th Floor CITY-ST-ZIP: Miami, FL 33131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Pres. 4/3/03 c/o Luis Artime, Esq. 305-358-0028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)