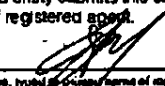
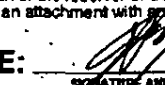


FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 91871 009 ***150.00

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

DOCUMENT # P02000086400			
1. Entity Name A1 AYALA CORP.			
Principal Place of Business 3920 NW 37 AVE MIAMI, FL 33142		Mailing Address 3920 NW 37 AVE MIAMI, FL 33142	
2. Principal Place of Business 420 NW 74 AVE Suite, Apt. #, etc.		3. Mailing Address 420 NW 74 AVE Suite, Apt. #, etc.	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33126		Zip 33126	
Country		Country	
		4. FEI Number 22-3864051	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOTO, MILVA 1 BENTLEY DR MIAMI SPRINGS, FL 33166		7. Name and Address of New Registered Agent Name JULIO AYALA Street Address (P.O. Box Number is Not Acceptable) 420 NW 74 AVE City MIAMI FL Zip Code 33126	
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 		DATE 4/30/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when submitting)	
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	D SOTO, MILVA 1 BENTLEY DR MIAMI SPRINGS, FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JULIO AYALA 420 NW 74 AVE 420 NW 74 AVE MIAMI FL. 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABALLERO, OSNIEL 1 BENTLEY DR MIAMI SPRINGS, FL 33166 ☒ 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
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 signatures, with all other like empowered.			
SIGNATURE: 		DATE 4/30/03 (305) 887-4204	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

CR2E034 (10/02)