Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am DOCUMENT # P94000037269 Secretary of State 1. Entity Name LA GAITANA US CORP. 04-17-2001 90152 017 ***150.00 Principal Place of Business Mailing Address 2916 N. W. 72ND AVE. 2916 N. W. 72ND AVE. UUUJBUJA MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address 6701 NW 7 STREET #490 STREET WY 10F2 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 170 世月の City & State, City & State 4. FEI Number Applied For 65-0492734 MIAMI Not Applicable MIRMI Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLEIER COMILD BLEIER CAMILO-Street Address (P.O. Box Number is Not Acceptable) 6701 NW 7 STREET #170 2916 N. W. 72ND AVE. MIDMI, FL 33126 MIAMI FL 33122 City Zip Code MIAMI 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change Addition **BLEIER, CAMILO** NAME NAME 2916 N. W. 72ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** TITLE ☐ Delete TITLE Addition CAVELIER, ELENA NAME NAME 177 OCEAN LANE DR. APT. 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete SACRISTAN, ESLA DEL C NAME NAME CALLE 78 NO. 10-31 INT. 5 FILE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOGOTA, COLOMBIA CO CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 redesiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an accuracy with all other like empowered.

CAMILO

SIGNATURE: