2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P940000 ORPORATION		~	FILED Jul 31, 2000 8:00 am Secretary of State 07-31-2000 90008 008 ***550.00					
Principal Place of Business 2330 NE 102 AVE MIAMI FL 33172 US		Mailing Address 2330 NW 102 AVE BAIL #1 MIAMI FL 33172 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#; ētc	Suite-Apt-#, etc.			DO.N	OT WRITE IN THE	S SPACE		==
City & State		City & State		4.	FEI Number 65-0	0501092		oplied For ot Applicable	
Zip	Country	Zìp	Country	5.	Certificate of Status D	esired 🗀	\$8.75 Add		
	6. Name and Address of Current Re	egistered Agent		7.	Name and Address o	f New Registere	d Agent		
CAC	PTDO CADLOS A		Name						
100	STRO, CARLOS A 1 S BAYSHORE DRIVE		Street Ad	ddress (P.O.	Box Number is Not Acc	eptable)			
	TE 2410 MI FL 33131		City	·-		F	Zip Cod	<u> </u>	
SIGNATURE . 9. This corpo Tax filing r	signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	titte if applicable. (NOTE: R	egistered Agent signatu FEE IS \$550.0 2000 Min. will t	re required when	reinstating)	DATE	\$5.0	O May Be	
11,	OFFICERS AND D	RECTORS	12.	Α	DDITIONS/CHANGES	TO OFFICERS AF	ND DIRECTORS	S IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO-VINCENTINI, GUILLERMO 8440 SW 83 ST MIAMI FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	TOWN OF THE PERSON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELLO-BETANCOURT, GUILLERM 8450 SW 83 ST MIAMI FL 33143	D &Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NO HO	RMA CI LE AleJAM 29 CA	ORALT OVO JIN GUA	- Change INE 2 S VINC 2	□ Addition SUR UELA	Ċ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ-MIJARES, OSCAR AVE. LA SALLE, URB. SUBUCAN CARACAS, VENEZUELA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			, 	☐ Change	☐ Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLER, JUAN ANTONIO 6A AVE. UR HETAMIRE IVO 27 CARACAS, VENEZUELA	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SON EDITE	IL S. D.	quez Julio ARMENES	CAq	A Jero	_
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	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	signature shall ha	eve the same	e legal effect as if made	under oath; that	1 am an officer	or director	