2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000063622

1. Entity Name

PIX LATIN AMERICA INVESTMENTS CORP.



FILED Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90087 001 ***158.75

			WE TO	7			
ONE BISC	ace of Business AYNE TOWER I'H BISCAYNE BLVD SUITE 2630 33131	Mailing Address ONE BISCAYNE TOWER TWO SOUTH BISCAYNE BLVD SUITE 2630 MIAMI FL 33131					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etç		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0687954 Applied For Not Applied be			
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent			
CORRO	DATION COMPANY OF AMARIA		Name				
201 S B	RATION.COMPANY.OF MIAMI HISCAYNE BOULEVARD AMI CENTER	transi yan Meringi i	Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI F	L 33131		City	FL Zip Code			
8. The above	e named entity submits this statement for	the purpose of changing	its registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept			
the obliga	ations of registered agent.		na ragiotaraa omoo or rogist	cred agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (Au	OTE. Desistant Association				
		d the repplicable. (14)	OTE: Registered Agent signature require	red when reinstating) DATE			
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND D		11,	ADDITIONS			
TITLE	D	□ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME	CHOUKROUN, DIDIER		NAME	☐ Change ☐ Addition			
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SL	JITE 2630	STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131-23-18		CITY-ST-ZIP				
TITLE	>Two	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	1002		NAME	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition			
STREET ADDRESS	<u>.</u> .		NAME				
CITY-ST-ZIP	, · · · · · · · · · · · · · · · · · · ·	-	CITY-ST-ZIP	• • •			
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NAME			NAME	C onange Addition .			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
7111 31 ZIF	쾧	_	CiTY-ST-ZIP	I			

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

28 Teb 2003 30/371.0333

EDAPORATION 2003 FOR PROFIT (UBR)

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IMIFORM	BUSINESS REPORT
200404 2004	PACIFICAL REPREDICT
DOCUMENT #	XP96000063622 /
DOCUMENT #	\F\$0000003022 /
Entity Name	
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1. Entity Na PIX LAT	IN AMERICA INVESTMENTS	S CORP		allesco	nextion.		
ONE BISCAYNE TOWER OF TWO SOUTH BISCAYNE BLVD SUITE 2630 TV		Mailing Address ONE BISCAYNE TOWE TWO SOUTH BISCAYN MIAMI FL 33131		le le	ey'bc.		
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etç		CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State		4. FEI Number 65-0687954	Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registe			
COPPOT	RATION COMPANY OF MIAMI		Name	Name			
	SCAYNE BOULEVARD	The second of the second of the second of	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	AMI CENTER						
MIAMI FI			City	City To Code			
. <u></u>				City FL Zip Code tered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
Afte	Signature, typed or printed name of registered agent TEE: NOW!!! FEE IS: \$150.00 TMay, 1, 2003, Fee will be \$550.00 Payable to Flo ida Oepartment of		TE: Régistered Agent signature requ	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND	28.25.25.284	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11		
TITLE	D	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP	CHOUKROUN, DIDIER 200 SOUTH BISCAYNE BLVD., S MIAMI FL 33131-22-16		NAME STREET ADDRESS CITY-ST-ZIP	·	_ ownge		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	>TWD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS	٠ - ١	☐ Delete	TITLE NAME STREET ADDRESS		Change Addition		
CiTY-ST-ZIP		·	CITY-ST-ZIP				
Title Mame		☐ Delete	TITLE - NAME	•	Change Addition		
STREET ADDRESS CITY+ST+ZIP			STREET ADDRESS CITY-ST-ZIP				
THLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY - ST - ZIP		<u>-</u>	CITY-ST-ZIP				
TITLE HAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	1-		CITY-ST-ZIP				
12. Thereby c	ertify that the information supplied with	this filing does not qualify for	r the exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further	certify that the information		

of the corporation or the receiver or trustee empreyed 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:

AME OF SIGNING OFFICER OR DIRECTOR

28 Feb 2003 300/371.0333