


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90158 019 ***150.00

DOCUMENT # P97000073300

1. Entity Name
MCA INVESTMENT INC.



Principal Place of Business
**601 BRICKELL KEY DR., SUITE 501
MIAMI FL 33131-2651**

Mailing Address
**601 BRICKELL KEY DR., SUITE 501
MIAMI FL 33131-2651**



2. Principal Place of Business
601 Brickell Key Drive

3. Mailing Address
601 Brickell Key Drive

Suite, Apt. #, etc.
Suite 201

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country
USA

Zip
33131

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GUTIERREZ, RENALDY J
601 BRICKELL KEY DR., SUITE 501
MIAMI FL 33131-2651**

4. FEI Number
65-0778087

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Gutierrez, Renaldy J.

Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive

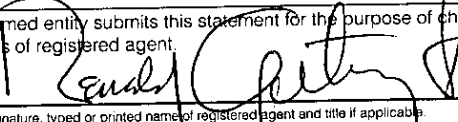
Suite
Suite 201

City
Miami

State
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  **Renaldy J. Gutierrez** DATE **2-6-03**

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
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ARGUINDEGUI, CARLOS G AVENIDA DE MAYA 881 TERCER PISO BUENOS AIRES AR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, RENALDY 601 BRICKELL KEY DR, SUITE 501 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Gutierrez, Renaldy J. 601 Brickell Key Drive, Suite 201 Miami, Florida 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Renaldy J. Gutierrez** Date **2/6/03** Daytime Phone # **(305) 577-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)