

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 MAY 21 PM 3:34

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064397

1. Corporation Name

Comercial Mallorca, Inc.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2001 AMENDED UBR

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 Miami Merchandise Mart

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 755 NW 72nd Avenue, No. 13

27

City & State

City & State

23 Miami FL

28

Zip

County

Zip

County

24 33126

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

7/15/1999

2/21/2001

4. PEI Number

65-0934951

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Margarita Perez
 777 N.W. 72nd Avenue
 Showroom 3K2
 Miami, FL 33126

81 Name

Carlos Harro Hoyos

82 Street Address (P.O. Box Number is Not Acceptable)

777 NW 72 Avenue # 38850

83

84 City Miami

FL

85

Zip Code

33126

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

05/15/01

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME President Carlos M Hoyos DELETE
 STREET ADDRESS 4100 Stanghorn L.N.
 CITY-ST-ZIP Weston, FL 33331-3804

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE NAME Vice President Maria Failich DELETE
 STREET ADDRESS 4100 Stanghorn L.N.
 CITY-ST-ZIP Weston, FL 33331-3804

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE NAME Secretary Sylvana Noqueira DELETE
 STREET ADDRESS 755 NW 72nd Avenue, No. 13
 CITY-ST-ZIP Miami, FL 33126

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE *Sylvana Noqueira* Sylvana Noqueira

05/02/01

305 2600502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: 5-21-01

NAME: COMERICAL MALLORCA, INC.

TYPE OF FILING: UPDATE 2001 UBR

COST:

RETURN:

RECEIVED
01 MAY 21 AM 11:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

