

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

UNIFORM BUSINESS REPORT UPDATE
F.S. 607.1622(7)
Filing Fee: 61.25 LED

02
UNIFORM BUSINESS REPORT (UBR)

02 NOV -8 AM 9:44

DOCUMENT # P99000064397
1. Corporation Name

Comercial Mallorca, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32304
70008510657
10/22/02--01043--001 **81.25

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 7/15/1999
3a. Date of Last Report 2/21/2001

2. Principal Place of Business 2a. Mailing Address

21 Miami Merchandise Mart

26

Suite, Apt. #, etc.

27

22 755 NW 72nd Avenue, No. 13

28

City & State

29

23 Miami FL

30

Zip County

24 33126 25

31

4. FEI Number 65-0934951
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fec Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
Added to Fecs

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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. 10/4/02

SIGNATURE Signature, typed in white name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE: Vice President
NAME: Maria Faith
STREET ADDRESS: 4100 Staghorn L.N.
CITY-ST-ZIP: Weston, FL 33331-3804

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

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

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

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

6.1 TITLE
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 original copy.

SIGNATURE Maria Faith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Barz as attorney in fact

10/10/02 305-672-0686

g. 11/10/02

Corporate Creations®

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941 Fourth Street #200
Miami Beach FL 33139

Annual Report Filings
Department of Corporations
P.O. Box 6327
Tallahassee, FL 32314