

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90604 005 ***150.00

DOCUMENT # P99000064397



1. Entity Name
COMERCIAL MALLORCA, INC.

Principal Place of Business
**MIAMI MERCHANDISE MART
755 NW 72ND AVE., SHOWROOM NO. 13
MIAMI FL 33126**

Mailing Address
**MIAMI MERCHANDISE MART
755 NW 72ND AVE., SHOWROOM NO. 13
MIAMI FL 33126**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0934951**

Applied For
 Not Applicable

Zip Country Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~REREZ, MARGARITA
777 N.W. 72ND AVENUE
#38857
MIAMI FL 33126~~

Name **Carlos Mario Hoyos**
Street Address (P.O. Box Number is Not Acceptable)
**733 NW 72 AVENUE
SHOW ROOM. ACE 10**
City **MIAMI FLORIDA** FL Zip Code **33126**

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HOYOS, CARLOS M	
STREET ADDRESS	4100 STANGHORN L.N.	
CITY-ST-ZIP	WESTON FL 33331-3804	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FAILICH, MARIA	
STREET ADDRESS	4100 STANGHORN L.N.	
CITY-ST-ZIP	WESTON FL 33331-3804	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARIZA, ISABEL	
STREET ADDRESS	755 N.W. 72ND AVENUE, #13	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. **4/15/03**

CR2E034 (10/02)