

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90074 027 ***150.00

DOCUMENT # P99000099080

1. Entity Name

18 - K FLORIDA HOLDINGS INC. ✓

Principal Place of Business

Mailing Address

A0022874

2. Principal Place of Business

3. Mailing Address

c/o 2100 Salzedo Street

c/o 2100 Salzedo Street

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0991647

Applied For

Not Applicable

Zip

Country

33134

Zip

Country

33134

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Alvarez-Mena, Sergio
 5300 First Union Financial Center
 200 S. Biscayne Blvd.
 Miami, FL 33131

Name

ARAZOZA & FERNANDEZ-FRAGA P.A.

Street Address

2100 SALZEDO STREET

Suite, Apt. #, etc.

SUITE 300

City

CORAL GABLES, FL 33134

Zip Code

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.

SIGNATURE

CARLOS F. ARAZOZA MANAGING DIRECTOR

2/2/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 4, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D Delete
 NAME: Aizenman, Ignacio
 STREET ADDRESS: Calle 42, Ave. Las America
 CITY-ST-ZIP: San Jose, Costa Rica

TITLE: D Change Addition
 NAME: Aizenman, Ignacio
 STREET ADDRESS: c/o 2100 Salzedo Street, #300
 CITY-ST-ZIP: Coral Gables, FL 33134

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

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

TITLE: Delete
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 STREET ADDRESS:
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/01

CR2F03a (1/1/00)