

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 14 AM 11:07

DOCUMENT # S 82785 AMENDED
1. Corporation Name

S.P.A. CORPORATION

Principal Place of Business

Mailing Address

2601 So. Bayshore Dr.
Suite 1400
Miami, FL 33133

Ccs 71
P.O. Box 02-5323
Miami, FL 33102-5323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/23/91

2. Principal Place of Business

2a. Mailing Address

21 2601 So. Bayshore Drive
Suite, Apt. #, etc.

22 Ccs 71 - P.O. Box 02-5323
Suite, Apt. #, etc.

4. FEI Number

65 0502840

Applied For

Not Applicable

23 Miami, Florida
City & State

27 Miami, FL
City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 33133 25 USA
Zip Country

28 33102-5323 29 USA
Zip Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

Alfredo G. Duran
2601 So. Bayshore Dr., S-1400
Miami, FL 33133

10. Name and Address of New Registered Agent

81 Name Alfredo G. Duran
82 Street Address (P.O. Box Number is Not Acceptable) 2601 So. BaySHORE Dr., S-1400
83
84 City Miami FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 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

12. OFFICERS AND DIRECTORS

TITLE Pres/Dir DELETE
NAME Santiago Peisajovich
STREET ADDRESS 2601 So. Bayshore Dr., S-1400
CITY-ST-ZIP Miami, FL 33133

TITLE Secretary/Dir DELETE
NAME Noemi Peisajovich
STREET ADDRESS 2601 So. Bayshore Dr., S-1400
CITY-ST-ZIP Miami, FL 33133

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice Pres/Dir Change Addition
1.2 NAME Ilan Peisajovich
1.3 STREET ADDRESS 2601 So. Bayshore Dr., S-1400
1.4 CITY-ST-ZIP Miami, FL 33133

2.1 TITLE Treasurer/Dir Change Addition
2.2 NAME Ayeleth Peisajovich, S-1400
2.3 STREET ADDRESS 2601 So. Bayshore Dr.
2.4 CITY-ST-ZIP Miami, FL 33133

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

4.1 TITLE Change Addition
4.2 NAME 600004609776--6
4.3 STREET ADDRESS -09/25/01--01020--018
4.4 CITY-ST-ZIP *****61.25 *****61.25

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

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

14. 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 annual report or supplemental annual reports 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres/Dir Santiago Peisajovich (305) 859-2696

Date 8-8-01 DATE (305) 858-3100

FAP