FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 29, 2002 8:00 am Secretary of State 05-29-2002 93599 018 ***150.00

DOCUMENT # vooo83				05-29-2002 93599 018 ***150.00	
BIC FINANCIAL SERVICES, INC.					
				673783	
	DO NOT WRITE	IN THIS S	PACE		
2. Principal Place of Business 201 S. Biscayne Blvd. 3. Mailing Address 201 S. Bis			cavne Blvd.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Suite 1500 (GR) City & State Miami, FL		Suite 1500(GR) City & State Miami, FL		4. FELNumber 65-0304506 Applied For Not Applied For	
Zip	Country	Zip Zip	Country	5 Certificate of Status Desired	7.75 Additional
33131	- USA	331:31	USA	7. Name and Address of Current Registered Ag	
DO NOI WRITE Street Address (P.C				ion Company of Miami O. Box Number is Not Acceptable) iscayne Blvd. 00(GR)	
			City Miami	FL	Zip Code 33131
8. The above	named entity supplies this statement se	The purpose of changing it		ered agent, or both, in the State of Florida.	
SIGNATURE	SIFFE PER CATA TANK EXPE	and title if packcable	DTF: Registered Agent signature reguli	ed when reinstating) 5-1-02 DATE	
Tax filing r (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. iria on back)	January 1. After Ma Amend Make Check Paya	CALY May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.25 able to Department of \$1	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. TITLE	OFFICERS AND	DIRECTORS	TITLE		=======================================
NAME STREET ADDRESS CITY-ST-ZIP	Cdireid J2 #JU-20 FisO il		NAME STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	y ± 53	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CRZE
TITLE			IIILE		:
NAME' STREET ADDRESS CITY-ST-ZIP	REET ADDRESS		STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
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TITLE			TITLE	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	. N		TITLE NAME STREET ADDRESS CITY: ST-ZIP	e de la companya	
13. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustage enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like transvered. SIGNATURE: Santiago E. Villa Cardona May 1, 2002					
	SIGNATURE AND TYPED ON	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date Dayti	me Phone *