2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUN 1. Entity Name AP MIAMI			Mar 07, 2001 08:00 AM Secretary of State					
Principal Place % 100 s.e. 2ND suite 3500 MIAMI 33131		Mailing Address % 100 S.E. 2ND STREET SUITE 3500 MIAMI 33131	FL					
2. Principal Place of Business % 100 S.E. 2ND STREET 3. Mailing Address % 100 S.E. 2ND STREET								
Suite, Apt. #, etc. suite 3500		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	FL	City & State	FL	4.	FEI Number	2	Applied For Not Applicable	
Zip 33131	Country Us 6. Name and Address of Curr	Zip 33131 ent Registered Agent	Country		Certificate of Status Desired	Fee Re	Additional equired	_
		on regional Agent	Name	···	Name and Address of New	Registered Agent	•	-
RENNERT CHARLES J 100 S.E. 2ND STREET SUITE 3500			REGISTE Street Ad		TS OF FLORIDA, LLC Box Number is Not Acceptable	e)	<u> </u>	_
MIAMI 33131	US	FL	SUITE 35	00		FL Zip	Code	<u>-</u>
. <u>.</u>			MIAMI				131	
9. This corpor	CHARLES J. RENN Signature, typed or printed name of registered a ration is eligible to satisfy its Intange equirement and elects to do so. is on back)	gent and title if applicable. (NOTE	01 Fee will be \$55	0	einstating) 10. Election Campaign Fi		55.00 May Be	
11.	OFFICERS A	ND DIRECTORS	12.	ΑI	DDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 11	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RENNART CHARLES 100 S.E. 2ND STREET, SUITE 35 MIAMI	J Delete 500 FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RENNERT		TL 33131		CR2E034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUELMAN ALEJANDRO % 100 S.E. 2ND STREET, STE. 3 MIAMI		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ch	ange Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Ch	ange	
of the corp	ertify that the information supplied on this report or supplemental repo- poration or the receiver or trustee e or on an attachment with an addre-	mpowered to execute this report.	ny simhati iro shail na	va ina coma	Jeggi effect ac it made under	anthithat I am an a	fficer or director	
SIGNAT	URE: Alejandro Guelma SIGNATURE AND TYPED	n OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		PSTD 03/07/2001 Date	Däytime Ph	one#	-