PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031822

200009677842
12/24/02--01064--002 **150.00

1. Corporation Name

LAFISE FOREIGN EXCHANGE CORP.

2. Principal Office Address	**3.** Mailing Office Address
701 BRICKELL AVENUE	701 BRICKELL AVENUE
Suite, Apt. #, etc.: 1460	Suite, Apt. #, etc.: 1460
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33131 Country: US	Zip: 33131 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 4/24/95

5. FEI Number: 65-0577210 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ALVARO B. CASTILLO

Street Address (P.O. Box Number is Not Acceptable): 1533 SUNSET DRIVE

Suite, Apt. #, Etc.: 201

City: MIAMI State: FL Zip Code: 33143

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	ROBERTO ZAMORA	701 BRICKELL AVENUE, #1460	MIAMI, FLORIDA 33131
DS	MARIA J. ZAMORA	701 BRICKELL AVENUE, #1460	MIAMI, FLORIDA 33131

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ DIC 20-02 305-374-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LAFISE
LATIN AMERICAN FINANCIAL SERVICES CORP

December 20, 2002

Division of Corporations
Uniform Business Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is the Reinstatement Form for Lafise Foreign Exchange Corp. for the 2002 Uniform Business Report.

We respectfully request the abatement of the reinstatement fee as we never received any of the original or subsequent notice. We have always complied with the filing requirements in the past and will do so in the future.

Thank you for your consideration in this matter.

Sincerely,

Luisa M. Franchy
Chief Financial Officer

701 Brickell Avenue, 11th Floor
Miami, Florida 33131
Phone: (305) 374-6001
Fax: (305) 374-1374
Telex: 4949006
Reuters: LAFI