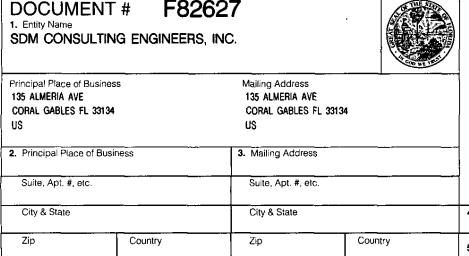
## **FILED** Jan 27, 2003 8:00 am

**Secretary of State** 

01-27-2003 90374 028 \*\*\*158.75

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



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☐ CHECK HERE IF MAKING CHANGES

City & State		City & State	City & State		4. FEI Number 59-23461:10 Applied For Not Applied by			
Zip	Country	Zip Count			5. Certificate of Status Desired	ĺΧ	¢0.75	
	6. Name and Address of Cur	rent Registered Agent -			7. Name and Address of New R	egistere	d Agent	
PEREZ-MONTOYA, MANUEL R 135 ALMERIA AVE CORAL GABLES FL 33134				Name Street Address (P.O. Box Number is Not Acceptable)				
				City		F	Zip Code	
	ned entity submits this stateme of registered agent.	ent for the purpose of char	nging its registered	office or regis	tered agent, or both, in the State of Flo	rida. I ai	m familiar with, and accept	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change Addition TITLE ☐ Delete PEREZ-MONTOYA, MANUEL R NAME NAME 135 ALMERIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME SZATMARY, LASZLO M. NAME STREET ADDRESS STREET ADDRESS 135 ALMERIA AVENUE CITY-ST-ZIP CITY-ST-71P CORAL GABLES FL 33134 □ Deleté TITLE TITLE ☐ Change ☐ Addition NAME ALOMA, ERNESTO NAME STREET ADDRESS STREET ADDRESS 135 ALMERIA AVENUE CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARTINEZ, JOSE I NAME STREET ADDRESS 135 ALMERIA AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PEREZ-MONTOYA

305-446-2788