


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04-09-2003 90193019 ****61:25
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DOCUMENT # F0100004260

1. Entity Name
CENTER OF STUDIES ON ECONOMIC INTEGRATION AND INTERNATIONAL TRADE, INC.



FILED
03 APR 29 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**200 SOUTH BISCAYNE BLVD
STE 2000
MIAMI FL 33131-2310**

Mailing Address
**200 SOUTH BISCAYNE BLVD
STE 2000
MIAMI FL 33131-2310**



2. Principal Place of Business
**701 Brickell Avenue
Suite, Apt. #, etc.
Suite 1650
City & State
Miami, Florida**

3. Mailing Address
**701 Brickell Avenue
Suite, Apt. #, etc.
Suite 1650
City & State
Miami, Florida**

CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR
65-0145709**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
Not Applicable

8. Name and Address of Current Registered Agent

~~HARPER, GEORGE R
200 S. BISCAYNE BLVD, STE 2000
MIAMI FL 33131~~

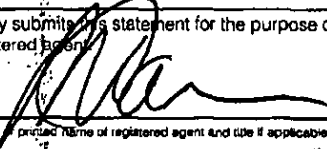
7. Name and Address of New Registered Agent

Name
George R. Harper

Street Address (P.O. Box Number is Not Acceptable)
**701 Brickell Avenue, Suite
Suite 1650**

City
Miami FL Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/7/2003**

Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BOIERO, RODOLFO R 200 S. BISCAYNE BLVD, STE 2000 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OTERO, LILIANA C 200 S. BISCAYNE BLVD, STE 2000 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ BATMALLE, ERNESTO J 200 S. BISCAYNE BLVD, STE 2000 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Brickell Avenue, Suite 1650 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Brickell Avenue, Suite 1650 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Brickell Avenue, Suite 1650 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition APR 29
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:  DATE: **4/7/2003**

CR2E037 (10/02)