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

DOCUMENT

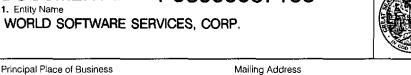
1101 BRICKELL AVE STE 800

P98000037166

1101 BRICKELL AVE STE 800

MIAMI FL 33131

MIAMI FL 33131





05-05-2003 90225 019 ***150.00

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2. Principal Place of Business		3. Mailing Address					88 (1111 188 6 118)	1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4 . F	65-0833132	<u> </u>	oplied For ot Applicable		
Zip	Country	Zip	Countr	у	5. C	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
PORRAS, SERGIO			-	Street Address (P.O. Box Number is Not Acceptable)						
1101 BRI	CKELL AVE STE 800	Street Address (P.O			SS (P.O. BC	7. Box Number is not Acceptable)				
MIAMI FL	33131									
				City FL Zip Code						
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 .										
Oldin i Oliz	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered /	Agent signature requ	uired when rei	instating) DATE				
F	ILE NOW!!! FEE IS \$150:00 -		10-							
After	May 1, 2003 Fee will be \$550.00				ļ	 Election Campaign Financing Trust Fund Contribution. 		May Be		
Make Check	Payable to Florida Department of	of State			}		_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10.	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11		
TITLE	D .	☐ Delete	TITLE				☐ Change	☐ Addition		
NAME	MEJIA, GONZALO S		NAME							
C"#-ST-ZIP	REET ADDRESS 1101 BRICKELL AVE STE 800			ADDRESS				}		
<u> </u>	MIAMI FL 33131		CITY-S	1-216						
TITLE	. Delete		TITLE				☐ Change	Addition		
NAME STREET ADDRESS			NAME	ADDRESS						
CITY-ST-ZIP	~	·		T-ZIP				1		
TITLE		□ Delete	TITLE				☐ Change	☐ Addition		
NAME		L) Delete	NAME				- Cinaingo			
STREET ADDRESS			STREET	ADDRESS						
CITY-ST-ZIP			CITY-S	T-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition		
NAME			NAME							
STREET ADDRESS		*	1	ADDRESS		* *	- ·			
CITY-ST-ZIP			CITY-S	T-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition		
NAME			NAME	1000E00						
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-S	1-217						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME	ADDRESS				Į		
CITY-ST-ZIP				T-ZIP				-		
5171 S1 All			0111-0							

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:

SIGS MTURGOD ZACOLISONO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3053436021

Daytime Phone #