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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103312

1. Entity Name
22 PLAZA CORP.

Principal Place of Business	Mailing Address
1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI, FL 33131	1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI, FL 33131

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
615 N.E 22ST.	615 N.E. 22ST
Suite, Apt. #, etc.: APT. # 101	Suite, Apt. #, etc.: APT # 101
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33137 Country: U.S.A	Zip: 33137 Country: U.S.A

4. FEI Number: 65-1149581 ☐ Applied For ☐ Not Applicable

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
MURRAY, PATRICK L 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI, FL 33131	Name: CARLOS FERREIRA de MELO Street Address (P.O. Box Number is Not Acceptable): 615 N.E 22ST. APT# 101 City: MIAMI FL Zip Code: 33137

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: CARLOS FERREIRA de Melo Director 04/07/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE MELO, CARLOS F ALVAREZ JONTE 5378 BUENOS AIRES, ARGENTINA,	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE MELO, MARTIN F ALVAREZ JONTE 5378 BUENOS AIRES, ARGENTINA,	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 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: CARLOS FERREIRA de Melo 04/08/03 305-573-6684
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

pl 6/12