Daytime Phone #

2003 FOR PROFIT CORPORATION

UN	IFUNIN BUSINE	33 NEFUN	11	DDNJ	¬ FILED	O	
DOCUMENT # 478372 1. Entity Name CANTELOP PROPERTY INVESTMENT, INC.					03 APR -9 AMII: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	AV	
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145		Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145			TALLAHASSEE, FLURIDA		
2. Principal Place of Business		3. Mailing Address			**************************************		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-2124810 Applied For Not Applicable		
Zip Country		Zip	p Coun		5. Certificate of Status Desired \$8.75 Additional Fee Required	ible_	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200				Name Street Address	ss (P.O. Box Number is Not Acceptable)		
MIAMI FL 33145				City	FL Zip Code		
the obligate SIGNATURE	signative, typed or printed hame of registered agent. Signative, typed or printed hame of registered agent agent. FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00		AMAI		9. Election Campaign Financing \$5.00 May Be		
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_	
NAME STREET ADDRESS CITY-ST-ZIP ²²	P LOPEZ-AGUIAR, CARLOS C 2300 CORAL WAY SUITE 200 MIAMI FL 33145			E E EET ADDRESS - ST-ZIP	5000153545 5 04/14/03-01014-013 **150.00	CR2E034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANTERA LOPEZ, AMADA 2300 CORAL WAY SUITE 200 MIAMI FL 33145	☐ Delete		- 1	☐ Change ☐ Addition	ion lion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ-CANTERA, AMADA 2300 CORAL WAY SUITE 200 MIAMI FL 33145	☐ Delete		i	. Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ-CANTERA, CARLOS C 2300 CORAL WAY SUITE 200 MIAMI FL 33145	☐ Delete		i	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ł	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E Et address - St-zip	Change Addition		
12. I hereby of indicated of the corchanged.	certify that the information supplied with on this report or supplemental report is poration or the receiver of truster empo , or on an attachment with an address,	this filing does not qualify fo true and accurate and that i wered to execute this report ith all other like empowered	r the exe ny signat as requi	mption stated in S ture shall have the red by Chapter 60	Section 119.07(3)(I), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if		