FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91336 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 508622

1. Entity Name
Foreign Investments Consutants Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2103 Coral Way	2103 Coral Way
Suite, Apt. #, etc. Suite # 503	Suite, Apt. #, etc. Suite # 503
City & State Miami, Florida	City & State Miami, Florida
Zip 33145 Country U.S.A.	Zip 33145 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1672956 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Castro, Carlos Alberto

Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue, Suite # 1440

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE C NAME Castro, Gaudencio E. STREET ADDRESS 2103 Coral Way, Suite #503 CITY-ST-ZIP Miami, Florida 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SVP NAME Castro, Carlos Alberto STREET ADDRESS 1200 Brickell Avenue, Suite #1440 CITY-ST-ZIP Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE PVSDMD NAME Castro, José Luis STREET ADDRESS 2103 Coral Way, Suite #503 CITY-ST-ZIP Miami, Florida 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE AS NAME Fernandez, Julio E. STREET ADDRESS 2103 Coral Way, Suite #503 CITY-ST-ZIP Miami, Florida 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE MD NAME Menendez, Augusto J. STREET ADDRESS 2222 Ponce de Leon Blvd., Suite #302 CITY-ST-ZIP Coral Gables, Florida 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE AMD NAME Dago, Rene STREET ADDRESS 2002 Ponce de Leon Blvd., Suite #302 CITY-ST-ZIP Coral Gables, Florida 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] – JOSÉ LUIS CASTRO, President 04/29/02 (305) 285-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #