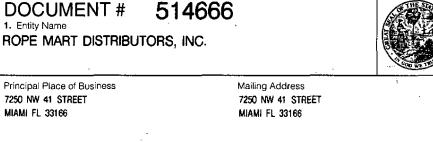
FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90098 043 ***150.00



Principal Place of Business 7250 NW 41 STREET MIAMI FL 33166		Mailing Address 7250 NW 41 STREET MIAMI FL 33166	i ,			
				I IBRADI BUIDI ALBIR BUUR BUIRA ARHA DAU BIDIA		
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 59-1723751		pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	dítional
	6. Name and Address of Currer	t Registered Agent		7. Name and Address of New Registere	d Agent	
			Name	•		
CANAL, ADRIANA C. 4269 SW. 13 ST			Street Address	(P.O. Box Number is Not Acceptable)		
MIAMI FL 33122						
<u> </u>			City		Zip Cod	le
SIGNATURE	Signature, typed or printed name of registered ageing the NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00		legistered Agent signature require	Election Campaign Financing	\$5.0	00 May Be
	k Payable to Florida Department	The state of the s		Trust Fund Contribution.	LJ Added	d to Fees
10.	OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Canal, Adriana C. 4269 S.W. 13th St. Miami Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARRANZA, EDUARDO J 2941 SW 77TH PLACE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delêtê	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and graphical sections and sections of the section	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,,,,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		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 DRIANA C CANAL

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

31 03