

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #628615

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2004 8:00 am Secretary of State 04-28-2004 90299 022 ***150.00

1. Entity Name EXKO SA					
Principal Place of Business 13000 SW 85TH ST. SUITE 116 MIAMI, FL 33183 US		Mailing Address C/O ENRIQUE LORENZO 13032 SW 5TH ST MIAMI, FL 33184-1216 US		6642256	. 2 Okrom kan dali and and kando a ico
D	O NOT WRITE 6. Name and Address of Current Re	•	CE	04232004 No Chg-P 4. FEI Number 59-1931051 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
FERNANDEZ, JOAQUIN 13000 SW 85TH ST. MIAMI, FL 33183-2423 B. The above named Phity 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 Signature Signature (NOTE: Registered Agent shown a printed rame of impattered agent and title it applicable. (NOTE: Registered Agent shown reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
TITLE NAME STREE! ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI PVST FERNANDEZ, JOAQUIN A 10471 S. W. 17TH STREET MIAMI, FL 331657369	IRECTORS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT V	VRITE
TITLE NAME SIREET ADDRESS CITY-51-ZIP TITLE NAME STREET ADDRESS				IN THIS S	PACE
CITY-SI-ZIP TITLE NAME STREET ADDRESS	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (om est temis			

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 cath; that I am an officer or director of the occuproration 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 appears, with all other like empowered.

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SECULIAL PRINCE OF BIONING OFFICER OR DIRECTOR