## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 698185 1. Entity Name FILED MABESA TRAPING. CORp. 03 JUL 29 PM 12: 36 一、注:1000年,建筑地位了建筑建设建设设施。1000年出口 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 374 SW. 1088VC 32×15W.100Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI 4. FEI Number City & State Applied For City & State MIAMI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent MARID GARCIA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 32415W. 100Ave 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. GARCIA MARID TITLE TITLE 32415W. 100Th. Are NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP nu TITLE NAME NAMI STREET ADDRESS STREET ADDRESS MIAMI Fl. 33165 CITY-ST-ZIP CITY-S1-7IP TITLE 1111.5 NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CUY-\$1-70P TITLE IN THIS SPACE 19107 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-78 TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE 10115 NAME NAME STREET ADDRESS SIDELI AUDRESS CITY-ST-ZIP CHY-SI-7P 13. Thereby 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 it 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.

SECNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DATE: 7/25/03

FL. DEPARTMENT OF STATE ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
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CORPORATION MABESA TRADING, CORP.
DOCUMENT # 698185
NEVER RECEIVED THE ANNUAL REPORT THIS YEAR, PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.
THANKING YOU IN ADVANCE
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