**NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731 063

## FILED Sep 17, 2003 8:00 am Secretary of State 09-17-2003 90019 021 \*\*\*\*61.25

WEST TRADE CON	IDO, INC.				
DO NOT WRITE	IN THIS SPA	ACE			
2. Principal Place of Business Suite, Apt. #, etc.  3. Mailing Address  3. Mailing Address Suite, Apt. #, & M. Condo Manage Suite, Apt. #, & Miamu, FL. 3317  City & State  4. Miamu, FL. 3317		ince, Inc. Blvd., Suite 200	DO NOT WRITE	IN THIS SPACE	
Min Beach	City & State Miams, FL	5"	4. FEI Number - 176981	Applied For Not Applicab	ole
Zip 33133 Country S	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
And the second s	i di serian di periodi di serian di seri Serian di serian di s		7. Name and Address of Current R	<del></del>	$\exists$
DO NOT WE	RITE	L Cor	P.O. Box Number is Not Acceptable)		$\dashv$
IN THIS SPA	ACE.			<u>* /</u> 3 3 / フ み	$\dashv$
		City.		FL Zip Code	-
The above named entity submits this statement for the abligations of registered agent.	he purpose of changing its re	gistered office or register	ed agent, or both, in the state of Florid	da. I am familiar with, and accept	ı
SIGNATURE Signature Appeal of printed name of registered agent and	Weight (NOTE: Ri	egistered Agent signature required	when reinstating)	9/15/03 DATE	
FEE IS \$61.25 Initial or Amended UBR	9. Election Campa Trust Fund Con	· -	→ → → → → → → → → → → → → → → → → → →	e Check Payable to Department of State	
110. OFFICERS AND DIRE		TITLE			
NAME STREET ADDRESS OITY-ST-ZIP MIAMI 33/78	· ·	NAME STREET ADDRESS CITY-ST-ZIP			12 ST
TITLE HOMARENTA MAX	FRI	TITLE	e e e e e e e e e e e e e e e e e e e		) #C
TITLE HOMAQFERTA MAX  NAME  3039 Wost to  COCONUT O NOVE  CITY-ST-ZIP SECT TREASURE	AD= #7 FL33133	NAME Street Address City-St-719	<u> </u>	and the second of the second o	
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TITLE VOID Y AMIL SOCOR  NAME  STREET ADDRESS  CITY-ST-ZIP  VICE JORGS	1005 45 F F C 33/33	NAME	DO NOT V	VRITE	
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CITY-ST-ZIP TITLE		CITY-ST-ZIP TITLE			<u>組</u>
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TITLE NAME		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CHTY: ST- 2IP			5° -
12. I hereby certify that the information supplied with the	is filing does not qualify for the		otion 119 07/3Vi) Florida Statutes I fu	irther certify that the information	

indicated on this report or supplied with this liling 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: