FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINI	ESS REPORT	(UBR)	FU	FD
DÓCUMENT # 854888		TILED		
1. Entity Name			03 MAR 20	PM 12: 36
ALWINTON CORP. N.V.			STORETARY	OF STATE
			SK OMETARY TALLAHASSE	E FESTER
DO NOT WRIT	E IN THIS SPAC	CE		·
			70001485	1877
2. Principal Place of Business	3. Mailing Address		70001485 03/28/030100200)4 **450.00
2210 S.W. 84 AVE.	2210 S.W.	84 AVE.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THE	S SPACE
City & State	City & State		4. FEI Number	Applied For
MIAMI, FL Zip Country	MIAMI, FL	Country	59-1293330	Not Applicable \$8.75 Additional
33155 USA	33155	USA	5. Certificate of Status Desired	Fee Required
DO NOT WRITE IN 1	THIS SPACE	Name	7. Name and Address of Current Registe	red Agent
	•	ARAZOZ	A & FERNANDEZ - FRAGA ss (P.O. Box Number is Not Acceptable)	P.A.
		2100 S	ALZEDO STREET	
		SUITE	300	
8	4	City CORAL	GABLES FL	Zip Code - 33134
8. The above named entity submits this stateme	for the purpose of cha			- JJIJI
and accept the obligations of registered agen	(.	-	1 1	
SIGNATURE	2		3/18/0.	3
Signature, typed or printed name of regi	stered agent and title if applic	cable. (NOTE: Registered	Agent signature required when reinstating)	DATÉ
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of 10. OFFICERS AND				
TIPLE PSD		TITLE		
NAME ISABEL ESNARD STREET ADDRESS 2210 S.W. 84TH	AVE.	NAME STREET ADDRESS		
CAY-ST-ZIP MIAMI, FL 3315!		CiTY - ST - ZIP		•
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I hereby certify that the information supplied w information indicated on this report or suppler	mental report is true and a	accurate and that my signat	ure shall have the same legal effect as if mad	le under oath; that I am
an officer or director of the corporation or the appears in Block 10 or on an attachment with	receiver or trustee empov	wered to execute this report	as required by Chapter 607, Florida Statutes	; and that my name
	66	C)	alialan	
SIGNATURE: SIGNATURE AND TYPED O	R PRINTED NAME OF THE	SNING OFFICER OR DIRECT	918103	na Bhana #
FFL32381F.1	A FRIED NAME OF SIC	JAMES OFFICER OR DIRECT	OR Date Daytin	ne Phone #

ALWINTON CORP. N.V.

TO WHOM IT MAY CONCERN: TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2001 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY

ISABEL ESNARD PRESIDENT

led E. Ssuard