

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90356 001 ***150.00

DOCUMENT # F00000000430



1. Entity Name
INTERCAMBIO 1A SOCIEDAD ANONIMA

Principal Place of Business
**CARRERA 46 #50-63 EDIF. PLAYA ORIENTAL
MEDELLIN COLOMBIA
OC**

Mailing Address
**16666 NE 19TH AVE.
MIAMI BEACH FL 33162**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1113696**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

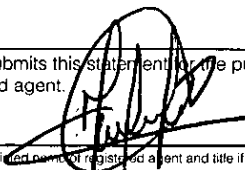
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, ALFRED
16666 NE 19TH AVE.
MIAMI FL 33162**

Name
Alvaro Castaneda
Street Address (P.O. Box Number is Not Acceptable)
16666 NE 19TH Ave.
City
North Miami Beach **FL** Zip Code
33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.

Alvaro Castaneda (NOTE: Registered Agent signature required when reinstating)

1/17/02 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	BOLANOS URIBE, PAULA ANDREA	
STREET ADDRESS	CRA. 46 NO. 50-63 EDIE, PLAYA	
CITY-ST-ZIP	MEDELLIN ANTIOQUIA COLOMBIA	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASTANO, GLORIA CILINIA BOLANOS	
STREET ADDRESS	CRA. 46 NO. 50-63 EDIE PLAYA	
CITY-ST-ZIP	MEDELLIN ANTIOQUIA COLOMBIA	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASTANEDA, ALVARO	
STREET ADDRESS	CRA. 46 NO. 50-63 EDIE PLAYA	
CITY-ST-ZIP	MEDELLIN ANTIOQUIA COLOMBIA	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, ALFRED	
STREET ADDRESS	CRA. 46 NO. 50-63, EDIF PLAYA	
CITY-ST-ZIP	ORIENTAL, MEDELLIN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 with a business, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED **Alvaro Castaneda**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 Date

(305) 944-1424 Daytime Phone #

CR2E034 (10/02)