3/2003 16:12 SOFIA POWELL-COSIO → 01159122783703

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Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90417 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004286

1. Entity Name
CASCADECOVE INVESTMENT LIMITED, INC.

Principal Place of Business
C/O SOFIA POWELL-COSIO
1900 S.W. 3RD AVE.
MIAMI FL 33129

Mailing Address
1390 BRICKELL AVE., STE 200
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address 1900 SW 3 AVE

Suite, Apt. #, etc.

City & State MIAMI - FL

Zip 33129 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1022695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL-COSIO, SOFIA
1390 BRICKELL AVE., STE 200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name SOFIA POWELL-COSIO
Street Address (P.O. Box Number is Not Acceptable) 1900 SW 3 AVE
City MIAMI FL Zip Code 33129

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 Sofia Powell-Cosio
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	PD	☐ Delete
NAME	PFEIFFER, DAG	
STREET ADDRESS	CALLE 29 URB FRANCIS NO. 11 ALUMINIM	
CITY-ST-ZIP	LA PAZ	
TITLE	SD	☐ Delete
NAME	RIECK, HARTMUT	
STREET ADDRESS	AV PORIFERICO SUR NO 6677	
CITY-ST-ZIP	MEXICO CITY	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: X PFEIFFER 02-17-03