## Mar 18, 2003 8:00 am Secretary of State 03-18-2003 90063 029 \*\*\*150.00

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)/

DOCUMENT # F00000007090  1. Enlity Name									
INTERNATIONAL SPORTS ORGANITATION, SOCIEDAD ANONIMA					70030222				
DO N	OT WRITE	IN THIS S	SPAC	E					
2. Principal Place of Busine	3. Mailing Address			1					
2527 SW 2nd STREET Suite, Apt. #, etc.		2527 SW 2nd STREET Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
	CORS, FIST. II, CIC.			DO NOT WRITE IN THIS SPACE					
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA			4. FEI Number 52-2295939		Applied For Not Applicable			
Zip Country 33135 US		Zip 33135	Country US		5. Cert			5 Additional equired	
				News		and Address of Current Re	gistered Ager	nt	
DO NOT WRITE  Street					EP MONTAL				
				Street Address (	P.O. Box Number is Not Acceptable)				
IN THIS SPACE				2527 SW 2r		nd STREET			
				City MIAMI			FL Zi	n Code	
8. The above named entity:	submits this statement for	the purpose of changing i	its registere		red agent,	or both, in the State of Florid	13	3135 with, and accept	
the obligations of register	red agent.		J	, and the second					
SIGNATURE JOSÉP MONTAL							03/03/200	03	
	printed rilling Segistered agent an	nd title if applicable. (NC	DTE: Registered	d Agent signature required	d when reinsta	ling)	DATE		
After May 1,	Fee is \$550.00			وميت التهميس - دايا	-	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	_	\$5.00 May Be	
Make Check Payable to F	Florida Department of S					Trust I and Contribution.		Added to Fees	
fo.	OFFICERS AND D	DIRECTORS	TITLE						
_	JOSEP MONTAL NA								
STREET ADDRESS CITY-ST-ZIP 2527 SW 2nd STREET, MIAMI, FL 33135				ET ADDRESS -ST-ZIP					
TITLE			TITLE						
NAME STREET ADDRESS CITY-ST-ZIP			NAME	1				5	
			STREET ADDRESS CITY-ST-ZIP					1	
TITLE			TITLE						
NAME STREET ADDRESS				NAME STREET ADDRESS					
CITY-ST-ZIP	-ST-ZIP			CITY-ST-ZIP		DO NOT WRITE			
TITLE			TITLE	4		IN THIS S	PACE		
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE			TITLE						
STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP		<del></del>			
TITLE			TITLE NAME						
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP	oformation or self- d. 10. o	at all and		ST-ZIP		22/20/20 51 11 5			
of the corporation or the	or supplemental report is tr	rue and accurate and that wered to execute this rep	:mv sianatı	are shall have the s	same legal	07(3)(i), Florida Statutes. I fur effect as if made under oath Statutes; and that my name	n∷that Lamian d	officer or director	
		>	JOSEF	P MONTAL		03/03/2003	(305) 64	13-6860	
SIGNATURE:	SIGNATURE AND THE OR PRI	NTED NAME OF SIGNING OFFICE				Date	Daytime Pt		