2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

F01000001603

1. Entity Name

INVERSIONES Y DESARROLLOS IBRACAN, S.A.



Principal Place of Business Mailing Address 7 AVENIDA 6-53, ZONA 4, OF, 143 "A" C/O 777 S FLAGLER DRIVE SUITE 300E 13TH FL. EL TRIANGULO BLDG.. GUATEMALA **GUATEMALA** WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State **NOT APPLICABLE** Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE TITLE ☐ Delete UBICO, EDUARDO NAME NAME 7 AVE 6-53, ZN 4, OF 143-A, 13TH FLOOR STREET ADDRESS STREET ADDRESS GUATEMALA, GUATEMALA CITY-ST-ZIP CITY - ST-7IP ☐ Addition ☐ Change TITLE ۷D Delete TITLE CASTELLANOS, BLANCA NAME NAME 7 AVE 6-53, ZN 4, OF 143-A, 13TH FLOOR STREET ADDRESS STREET ADDRESS GUATEMALA, GUATEMALA CITY-ST-ZIP CITY-ST-ZIP TITLE . . . ☐ Addition TITLE SD . Delete Change ZAMORA, ROSA NAME NAME 7 AVE 6-53, ZN 4, OF 143-A, 13TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Guatemala, Guatemala CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trugtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90108 042 ***150.00

SIGNATURE:

changed, or on an attachment with

address, with all other like empowered.

Blanca Castellanos

1/16/03

Daytime Phone #