

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90440 030 ***150.00

DOCUMENT #

1. Entity Name

F01000005354

WEXEL ASSOCIATES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Edificio Proconsa I

Suite, Apt. #, etc.

Piso 4 Oficina 4A

City & State

Calle 51 & Manuel Ma. Icaza

Zip

Panama

Country

Panama-OC

3. Mailing Address

Edificio Proconsa

Suite, Apt. #, etc.

Piso 4 Ofic. 4A

City & State

Calle 51 & Manuel Ma.,

Zip

Panama

Country

Panama-OC

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4. FEI Number

☒

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

International Registered Agents Corporation

Street Address (P.O. Box Number is Not Acceptable)

338 Minorca Avenue

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Maria Elena Cabeza
Signature, typed or printed name of registered agent and title if applicable.

Maria Elena Cabeza, President

April 11, 2002

DATE

(NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRER, Andres
Sardi, Andres
Calle 81 #8-35
Bogota, Colombia OC

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andres Sardi, Manager 4/11/02 (305)444-7282

Date

Daytime Phone

CR2E034B (12/01)