2002 UNIFORM BUSINESS REPORT (UBR)

	MENT # FO100	INESS REPO 0005896 ³	RT (UBR)	FILED Feb 18, 2002 8:0 Secretary of St	0 am	
, ,	INANCE CORPORATION, S	S.A.		02-18-2002 90146 041 ***15		
Principal Place	e of Business	Mailing Address	"	-		
500-3 ISLANDS BLVD STE 806-A 500-3 ISLANDS BLVD STE 8 HALLANDALE BEACH FL 33009 HALLANDALE BEACH FL 33						
 		La Martin Address				
Principal Place of Business Address Suite Act # ata			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. Suite, Apt. #, etc.				oplied For		
City & State City & State			01-0566883 Not Applicable			
Zip	- Country	~ −Zip· −	·Country** * -	5. Certificate of Status Desired \$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent		
FOREDO.	ENDIOLIE					
FORERO, ENRIQUE 500-3 ISLANDS BLVD, STE 806-A			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
HALLANDALE BEACH FL 33009			,	City Zip Code		
			City	FL Zip Cod		
Tax filing r	Signature, typed or printed name of registered agent ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	E: Registered Agent signature requirements III FEE IS \$150.00 02 Fee will be \$550.00 ble to Department of Si	10. Election Campaign Financing \$5.0	00 May Be	
1	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 11	
11. TITLE 1	PCD	☐ Delete	TITLE	☐ Change	☐ Addition (\$\varphi\$)	
NAME STREET ADDRESS CITY-ST-ZIP	LASPOPOULOS, NASOS BALBOA Y CALLE 39 - EDIFICIO PANAMA, REPUBLIC OF PANAM) TORRE IBM	NAME STREET ADDRESS CITY-ST-ZIP		CR2E034 (9/01)	
TITLE NAME	VSD	☐ Delete	TITLE NAME	☐ Change	Addition 5	
STREET ADDRESS CITY-ST-ZIP	LASPOPOULOS, ELIZABETH BALBOA Y CALLE 39 - EDIFICIO PANAMA, REPUBLIC OF PANAM	TORRE IBM	STREET ADDRESS	and the second s	-	
TITLE NAME	TD LASPOPOULOS, DIMITRIOUS	☐ Delete	TITLE NAME	Change	☐ Addition	
STREET ADDRESS	BALBOA Y CALLE 39 - EDIFICIO PANAMA, REPUBLIC OF PANAM		STREET ADDRESS CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME STREET ADDRESS	FORERO, ENRIQUE 500-3 ISLANDS BLVD STE 806-1	4	NAME STREET ADDRESS	<u>-</u>		
CITY-ST-ZIP	HALLANDALE BEACH FL		CITY-ST-ZIP			
TITLE VI		☐ Delete	TITLE . NAME	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS : CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby of indicated	on this rapart or europlemental rapart is	s true and accurate and that i owered to execute this report	or the exemption stated in my signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the e same legal effect as if made under oath; that I am an office 07, Florida Statutes; and that my name appears in Block 11 o	i di uli c cioi i	

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2002 954-456318 2 Date Daytime Phone #