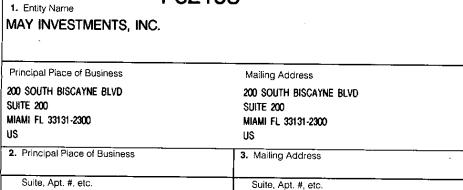
## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** F62198

## FILED May 05, 2002 8:00 am Secretary of State 05-05-2002 90070 013 \*\*\*150.00



200 SOUTH BISCAYNE BLVD SUITE 200 MIAMI FL 33131-2300 US 2. Principal Place of Business		200 SOUTH BISCAYNE BLVD SUITE 200 MIAMI FL 33131-2300 US  3. Mailing Address										
0.4- 4-												
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			İ	DO NOT WRITE IN THIS SPACE						
City & Sta	ate	City & State			4.	4. FE! Number 65-0124761				Applied For Not Applicable		
Zip	Country	Zip	Country	у	5.	Certificate c	f Status De	esired		8.75 A	dditional	
	6. Name and Address of Current R	egistered Agent			7.	Name and A	Address of	New Reg				
A SEVER	4450 44 500		Name									
ſ	AMES M ESQ CK STOCKTON LLP	Street Addres			s (P.O. Box Number is Not Acceptable)							
200 S BIS	CAYNE BLVD SUITE 2000		Γ									
MIAMI FL	33131		City				<del>.</del>	FL	Zip Co	de		
8. The above SIGNATURE	e named entity submits this statement for the st			office or regist			, in the Stat	te of Floric				
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW!			<del></del>	<u> </u>			•		<del></del> -	
Tax filing	requirement and elects to do so.	After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees							
11.	OFFICERS AND DI	RECTORS	12.	,	AD	DITIONS/C	HANGES T	O OFFICE	RS AND D	IRECTOR	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PTD GUTIERREZ, DIONISIO 200 S BISCAYNE BLVD #2000 MIAMI FL 33131-2310	☐ Delete	TITLE NAME STREET. CITY-ST	ADDRESS - ZIP			•		Ε	☐ Change	☐ Addition	
	V GUTIERREZ MAYORGA, ALEJANDRO 200 S BISCAYNE BLVD. #2000 MIAMI FL 33131-2310	Delete	TITLE NAME STREET	ADDRESS - ZIP			<u>., -</u> .		Ċ	Change	☐ Addition	
STREET ADDRESS	S GUTIERREZ MAYORGA, JUAN JOSE 200 S BISCAYNE BLVD. #2000 MIAMI FL 33131-2310	□ Delete	TITLE NAME STREET A	ADDRESS - ZIP	_	••				] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A		·					] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-				_			] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-	ZIP						] Change	Addition	
indicated of the con	ertify that the information supplied with the on this report or supplemental report is poration or the receiver or trustee entrance	filing foes not qualify for the and accurate and that my	the exemp	tion stated in Se shall have the	ection 1 same le	19.07(3)(i), egal effect a	Florida Stat s if made u	utes. I fur Inder oath	ther certify ; that I am a	that the in	nformation or director	

changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR