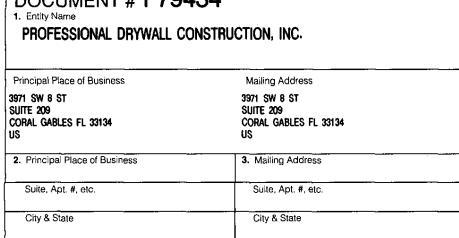
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F79434 1. Entity Name

FILED Mar 14, 2001 8:00 am Secretary of State

03-14-2001 90479 046 ***150.00



CORAL GABLES FL 33134 US			CORAL GABLES FL 33134 US			}	A LERGURA HUN HABER ARUN RURAN GUNA	I 8181 B 1811 B	1871 818 71 81811 8381	1 8 (3 () 1 8 8 (
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Sulte, Apt. #, etc.				DO NOT WRI	TE IN THIS	SPACE	
City & State			City & State			4. F	El Number 59-218707	2	——————————————————————————————————————	plied For t Applicable
Žip		Country	Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. N	lame and Address of New I	Registered	Agent	
ALVAREZ, LEONOR 3971 SW 8 ST. SUITE 209 CORAL GABLES FL 33134					Name Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code					
8. The above	named entity	y submits this statement for t	he purpose of changing its	registered	office or r	egistered ag	ent, or both, in the State of F	orida.		
SIGNATURE _	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE	E: Registered A	gent signature	required when re	pinstating)	DATE	· · · · ·	
						•				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			0.00	10. Election Campaign Fi Trust Fund Contribution	_	\$5.0 Added	May Be to Fees
11.		OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHANGES TO OF	ICERS AN	ID DIRECTORS	3 IN 11
TITLE	VS		□ Delete	TITLE					☐ Change	Addition
NAME	ALVAREZ,	LEONOR		NAME						
STREET ADDRESS	3971 SW	8ST SUITE 209		STREET	ADDRESS					ļ
CITY-ST-ZIP	CORAL G	ABLES FL 33134		CITY-S	T-ZIP					
TITLE	PTD		☐ Delete	TITLE					Change	☐ Addition }
NAME	MARTIN, 1			NAME						ì
STREET ADDRESS		8 ST. SUITE 209			ADDRESS					1
_CITY_ST_ZIP	:CORAL G	ABLES FL 33134		CITY-S	T-ZIP					
TITLE			Delete	TITLE					☐ Change	☐ Addition ☐
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			_	CITY-S	I - ZIP					
TITLE			☐ Delete	TITLE	ļ				☐ Change	Addition
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				CITY-S	ADDRESS					
				+	1-217					
TITLE			☐ Delete	TITLE	ł				☐ Change	☐ Addition
NAME STREET ADDRESS				NAME	ADDRESS					
CITY-ST-ZIP				CITY-S						ļ
				_	-				Chance	□ Addition
TITLE			☐ Delete	TITLE	ļ				Change	☐ Addition
NAME STREET ADDRESS	•			NAME STREET	ADDRESS					1
CITY-ST-ZIP				CITY-S						Ì
	edify that the	e unionne sur de la distriction de la districtio	nis filing does not qualify for			d in Section 1	119.07(3)(i), Florida Statutes.	i further o	ertify that the in	formation
indicator	en this renor	t or cumplemental report is to	rue and accurate and that m	uteanie va	e chall ha	un the came l	enal effect as if made under	nath that	l am an officer	or director

of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR