

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90011 045 ***150.00

0154950

DOCUMENT # F95000003854

1. Entity Name
JUVIROGA S.A.

| | |
|---|--|
| Principal Place of Business PO BOX 532 PANAMA 1, PANAMA | Mailing Address 2 S. BISCAYNE BLVD SUITE 3400 MIAMI FL 33131 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 98-0057870 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**VALDES-FAULI CORPORATE SERVICES INC.
 2 S. BISCAYNE BLVD, SUITE 3400
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State FL |
| Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ICAZA, GRACIELA | |
| STREET ADDRESS | CALL 61 #32, URB. OBARRIO | |
| CITY-ST-ZIP | PANAMA 1, PANAMA | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ICAZA, ROY EDUARDO | |
| STREET ADDRESS | CALL 61 #32, URB. OBARRIO | |
| CITY-ST-ZIP | PANAMA 1, PANAMA | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | ICAZA, JUAN CARLOS | |
| STREET ADDRESS | CALL 61 #32, URB. OBARRIO | |
| CITY-ST-ZIP | PANAMA 1, PANAMA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ICAZA DE SALAZAR, VIVIAN | |
| STREET ADDRESS | CALL 61 #32, URB. OBARRIO | |
| CITY-ST-ZIP | PANAMA 1, PANAMA | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Graciela Icaza</i> | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Roy Icaza</i> | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Juan Carlos Icaza</i> | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Vivian de Salazar</i> | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Graciela Icaza* GRACIELA ICAZA *March 13/01* 305-3766000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)