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

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90316 005 ***150.00

DOCUMENT #	F9500005341
4 Casta Managa	

1. Entity Name



Sonolux Inc.					
	DO NOT WRITE	IN THIS SP	ACE	940	56546
2. Principal P	lace of Business	3. Mailing Address			,
Suite, Apt.	5. Dixie Highu	Suite, Apt. #, etc.		DO NOT WRITE IN TH	IS SPACE
Sui	re 760				
/1 '	Coral Gables Floride		>	4. FEI Number 65 - 0631665 Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
<u> </u>	GW. USA		00 or 10 or	7. Name and Address of Current Register	Fee Required
BE STATE OF		The Commonwealth of the Co	Name	Tesus Duran	
	DO NOT W	RIE	_Street Address (I	P.O., Box. Number_is. Not. Acceptable)	
	IN THIS SE	ACE	130	0 C D: 11	0_1
			civ 3 d	0 5. Dixie Hi	7 Zin Code
	and a still a physical thin at a town and for		<u> ('၈</u> α	16ables F	533146
	framed entity submits this statement to flons of registered agent.	r the purpose of changing its re	agistered office of register	ed agent, or both, in the State of Florida. I ar	n tarmilar with, and accept
OLON ATURE					
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature required	when reinstating) DATE	E
	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Payable to Florida Department of	State		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS			en e
TITLE NAME	Duran Jesus	6 11 - 12 - 4	TITLE		
STREET ADDRESS	1320 5. Dixie H	shway #760	STREET ADDRESS		A STATE OF THE STA
CITY-ST-ZIP	Coral Gabler, F	Q 33146	CITY ST-ZIP	and a second	<i>ڿۼڹۼڿڿؿڿڿ</i>
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STREET ADDRESS	call 9# 65-4	(0)	STREET ADDRESS		
CITY-ST-ZIP	BOGOTA', COL	ombio	CITY-ST-ZIP		
TITLE NAME.	,		NAME		
STREET ADDRESS			STREET ADDRESS	DANATWE	
CITY-ST-ZIP		·	City-st-zip	DO NOT WR	
TITLE NAME			NAME	IN THIS SPA	\CE
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		WY	CITY*ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	The state of the s	
12. I hereby of indicated of the correction attachme.	pertify that the information supplied with on this report or supplemental eport is poration or the receiver or trustee emp or with an address, with all other like er	n this filling does not qualify for to strue and accurate and that my prowered to execute this report	the exemption stated in Se y signature shall have the s as required by Chapter 60	ection 119.07(3)(I), Florida Statutes. I further of same legal effect as if made under oath; that 07, Florida Statutes; and that my name appears.	certify that the information t I am an officer or director ears in Block 10 or on an