2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 AM
Secretary of State

DOCUMENT# F97000005344

Entity Name: GM GROUP (INTERNATIONAL), INC.

Current Principal Place of Business:

8410 NW 53 TERR
STE 201
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

P O BOX 364527
SAN JUAN, PR 009364527

New Mailing Address:

P O BOX 364527
SAN JUAN, PR 00936452

FEI Number: 66-0449729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAYNE, GEOFFREY M ESQ
1001 BRICKELL BAY DR., #2702
MIAMI, FL 331314940 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	PASCUAL, JULIO J	
Address:	1590 PONCE DE LEON AVE., #400 URB CARIBE	
City-St-Zip:	RIO PIEDRAS, PR 00926	
Title:	S	( ) Delete
Name:	VAZQUEZ, MIGUEL C	
Address:	1590 PONCE DE LEON AVE., #400 URB CARIBE	
City-St-Zip:	RIO PIEDRAS, PR 00926	
Title:	D	( ) Delete
Name:	SALA, LUIS F	
Address:	1590 PONCE DE LEON AVE., #400 URB CARIBE	
City-St-Zip:	RIO PEIDRAS, PR 00926	
Title:	D	( ) Delete
Name:	KEVANE, DONALD J	
Address:	1590 PONCE DE LEON AVE., #400 URB CARIBE	
City-St-Zip:	RIO PEIDRAS, PR 00926	
Title:	D	( ) Delete
Name:	GONZALEZ, RICARDO F	
Address:	1590 PONCE DE LEON AVE., #400 URB CARIBE	
City-St-Zip:	RIO PEIDRAS, PR 00926	
Title:	D	( ) Delete
Name:	FREYRE, JORGE F	
Address:	1590 PONCE DE LEON AVE., #400 URB CARIBE	
City-St-Zip:	RIO PEIDRAS, PR 00926	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILEANA GONZÁLEZ CFO 04/19/2002

Electronic Signature of Signing Officer or Director — Date