2002 Amended

07-25-2002 90128 038 ****50.00

UNIFORM BUSINESS REPORT (UBR)

FILED
P98000002311
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 23 PM 4:01

DOCUMENT # F98000002311

1. Entity Name
ARS CISORIA MADRILENA, S.L.

DO NOT WRITE IN THIS SPACE

971312

7/25/02 01001 006 25.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2101 Coral Way	782 N.W. Lejeune Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 530
City & State: Miami, FL	City & State: Miami, FL
Zip: 33145 Country: USA	Zip: 33126 Country: USA

4. FEI Number: 522088461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Roberto F. Fleitas

Street Address (P.O. Box Number is Not Acceptable): 782 N.W. Lejeune Road, Suite 530

City: Miami FL Zip Code: 33126

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: _____ DATE: 7/19/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	President/Secretary/Treasurer/ Director
NAME	Carlos Gonzalez Gomez
STREET ADDRESS	2101 Coral Way
CITY-ST-ZIP	Miami, FL 33145

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 7/19/02 305-856-6030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CARLOS GONZALEZ GOMEZ

8/27/02