## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED
Jun 03, 2004 8:00 am
Secretary of State
06.03.2004.90002.044.***550.00

DOCUMENT # F98000002609 U6-U3-ZUU4 9UUUZ U44 `SSU.UU 1. Entity Name IMA HOLDING, LTD., INC. Principal Place of Business Mailing Address 54056456 701 BRICKELL AVENUE 701 BRICKELL AVENUE **SUITE 3000** SUITE 3000 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business Blvd Mailing Address 50 West Flagler St Suite, Apt. #, etc. Suite, Apt. #, etc. 02022004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For NOT APPLICABLE amı Not Applicable \$8.75 Additional 33130 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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. I arm familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **C**hange TITLE v ☐ Delete TITLE ☐ Addition Renta, LUIS A. 150 W. Flagter St. Suite 1400 RENTA, L'UIS A NAME NAME STREET ADDRESS 701 BRICKELL AVE, STE 3000 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Mami, FC 33130 TITLE Change Delete TITLE ☐ Addition Vilorio, Hector 150 w. Flagler St. Suite 1400 ZAIDA, RODRIGUEZ A NAME NAME STREET ADDRESS 701 BRICKELL AVE, STE 3000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 Mami, FL 33130 TITLE ☐ Delete TITLE Change ☐ Addition Alvarez, Luis Jr. ALVEREZ, LUIS A JR NAME NAME 150 W. Flagler St. Suite 1400 STREET ADDRESS 701 BRICKELL AVENUE, STE 3000 STREET ADDRESS CITY-ST-ZIP MIAMI, FL: 33131 CITY-ST-ZIP MIAMI, FL. 33130 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ΠTIF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/19/04

Daytime Phone #