

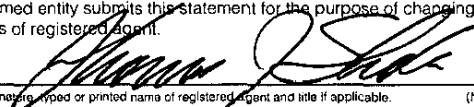


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90028 031 ***155.00

DOCUMENT # J86125 1. Entity Name SUTOL CORPORATION					
Principal Place of Business 3525 E. GLENCE ST. MIAMI, FL 33133-4020 US			Mailing Address 2000 SOUTH BAY SHORE DRIVE #42 COCONUT GROVE, FL 33133 US		
2. Principal Place of Business 1001 Brickell Bay Dr. Suite, Apt. #, etc. Suite 1508 City & State Miami, FL Zip 33131		3. Mailing Address 1001 Brickell Bay Dr. Suite, Apt. #, etc. Suite 1508 City & State Miami, FL Zip 33131			
Country USA		Country USA		03092004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2832312				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 SKOLA, THOMAS J. 501 BRICKELL KEY DR. SUITE 602 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DR. Suite 1508 City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE 3/9/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		MAR 22 2004
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SKOLA, THOMAS J. 501 BRICKELL KEY DR., STE 602 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 Brickell Bay Dr., Suite 1508	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUAY, GIL PO BOX 430070 (241 KNOLLWOOD) KEY BISCAYNE, FL 331430070	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 Brickell Bay Dr., Suite 1508	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUAY MICHEL PO BOX 430070 (241 KNOLLWOOD) KEY BISCAYNE, FL 331430070	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 Brickell Bay Dr., Suite 1508	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: GUAY MICHEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date March 22, 2004 (305) 856-3174		