

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

04-28-2002 90773 008 \*\*\*150.00

**DOCUMENT #** J87273 ✓  
**1. Entity Name**  
 PALIMAR INTERNATIONAL INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3845 SW 41 ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> CENTRO AEREO No. Q-3249 Suite, Apt. #, etc. P.O. BOX 02-5268	
City & State PEMBROKE PARK FL 33023		City & State MIAMI, FLORIDA 33102-5268	
Zip	Country USA	Zip	Country USA

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number** 59-2836012 **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** CHARLES A. ROSS PA

**Street Address (P.O. Box Number is Not Acceptable)**  
3845 SW 41 ST.

**PEMBROKE PARK FL 33023**

**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.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

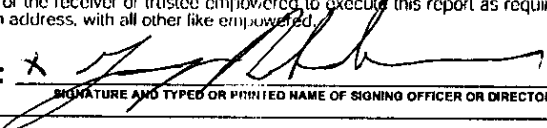
**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1 Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	VSM	<b>TITLE</b>	
<b>NAME</b>	RIBADENEIRA FELIPE	<b>NAME</b>	
<b>STREET ADDRESS</b>	3845 SW 41 ST	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	PEMBROKE PARK FL 33023	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	D	<b>TITLE</b>	
<b>NAME</b>	RIBADENEIRA, JOAQUIN	<b>NAME</b>	
<b>STREET ADDRESS</b>	3845 SW 41 ST	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	PEMBROKE PARK FL 33023	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**13. 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 11 or on an attachment with an address, with all other like employees.**

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 17, 2002** **593-2-468-548**  
Date Daytona Phone #

CR2E034B (12/01)

Attachment

#587273/041690

**SU DIRECCION POSTAL ES ASI:**

CENTRO AEREO No. Q-3249  
P.O. BOX 02-5268  
MIAMI, FLORIDA 33102-5268 USA

**SU DIRECCION FISICA ES ASI:**

CENTRO AEREO No. Q-3249  
7801 N.W. 37th St.  
MIAMI, FL. 33166-6559  
TELF.: (305) 592 0839

Presentar esta contraseña para sus retiros