

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90761 032 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000007641

1. Entity Name
PRIELA USA LC



30058663

Principal Place of Business
**3211 PONCE DE LEON BLVD
 SUITE 208
 CORAL GABLES, FL 33134**

Mailing Address
**3211 PONCE DE LEON BLVD
 SUITE 208
 CORAL GABLES, FL 33134**

2. Principal Place of Business
1085 E. 13 Street
 Suite, Apt. #, etc.

3. Mailing Address
c/o 1200 Brickell Avenue
 Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State
Miami, Florida

4. FEI Number
65-1019778

Applied For
 Not Applicable

Zip Country
33010 USA

Zip Country
33131 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGRAMUNT, LUIS
 1221 BRICKELL AVE
 SUITE 1100
 MIAMI, FL 33131**

Name
AGI Registered Agents, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue, Suite 900

City
Miami **FL** Zip Code
33131

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  **Robert R. Adams, President** **3/24/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	DOMINGUEZ, OSCAR	3211 PONCE DE LEON BLVD STE 208	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	Ricardo Lequerica	1085 E. 13 Street	Hialeah, FL 33010	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 606, Florida Statutes.

SIGNATURE:  **ROBERT R. ADAMS**
Signature and typed or printed name of signing managing member, manager, or authorized representative **3/24/03** **(305) 416-6820**
Date Daytime Phone #

CRZE083 (10/02)