LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

O. ARTURO AGUINE
SIGNATURE AND TYPED OB-KINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENT TIVE

FILED Apr 22, 2002 8:00 am Secretary of State

DOCUMENT # (040000 044/7				04-22-2002 90243 038 ****50.00	
DOCU	MENT # L 0100	2002 264	-/	04-22-2002 90243 038 *** 30.00	
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Suite, Apt.	#. etc. 12 /7 /7 /7 /7 /7	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	. <i>ر</i> سو	City & State		4. FEI Number 65- 1079578 Applied Fo	
ブラノ ろ	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional	1Die
				Fee Required 7. Name and Address of Current Registered Agent	\dashv
	DO NOT W	o a si	Name O.	ARTURO AGUIAR	
Cont.			Street Address	(P.O. Box Number is Not Acceptable)	
	IN THIS SF	'ACE		30 89 - PL	
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· 4		<u>lall, ähdd</u> ig		10mi FL Zip Code 33/67	,
8. The above r	named entity submits this statement fo	the purpose of changing	ig its registered office or regist	tered agent, or both, in the State of Florida.	\neg
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S S S S S S S S S S S S S S S S S S S	Signature, typed or printed name of registered agent a	nd title if applicable.		DATC	
			FEE IS \$50.00		_
		Make Chec	k Payable to Department	of States	
			DUE BY MAY 1		
9. TITLE	MANAGING MEMBE	RS/MANAGERS		en la companya de la	17.2
NAME	O. ARTURO Agui	ga.	NAME.		(12/01
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NAME	Alex AGUIAU		NAME		gradi Historia
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TITLE NAME	ANDRE AGUIAR 16320 SWO DA PL		NAME	IN THIS SPACE	3.1
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	rtify that the information supplied with t in this report is true and accurate and t lity company or the receiver or trustee			ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the oter 608, Florida Statutes.	