


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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 025 ****50.00

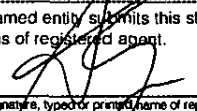
DOCUMENT # L01000004905	
1. Entity Name JMC WORLDWIDE INVESTMENTS LC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5600 COLLINS AVE.		3. Mailing Address 2588 SW 27TH AVE	
Suite, Apt. #, etc. SUITE 15B		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State MIAMI, FL	
Zip 33140	Country U.S.	Zip 33133	Country U.S.

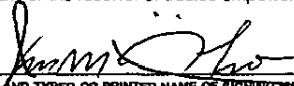
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1143782		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name ANTONIO GARCIA		
Street Address (P.O. Box Number is Not Acceptable) 2588 SW 27TH AVE.			
City MIAMI FL Zip Code 33133			

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 	DATE 4-1-03

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANAS, JOSE MIGUEL Calle 100, No. 20-76, Ofc. 704, Bogota, Colom	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIMENEZ, CARMEN J. Calle 100, No. 20-76, Ofc. 704, Bogota, Colom	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIMENEZ, MARGARITA M.C. Calle 100, No. 20-76, Ofc. 704, Bogota, Colom	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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11. 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 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 608, Florida Statutes.	
SIGNATURE: 	DATE 4-01-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

CR25083B (12/02)