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

FILED Feb 14, 2002 8:00 am Secretary of State

DOCUMENT # L01000007166 1. Entity Name ASVEL HOLDINGS L.C.				02-14-2002 90024 002 ****50.00			
					- 924099		
I	DO NOT WRITE	IN THIS SF	PAC	E			
2. Principal P	Place of Business	3. Mailing Address					
5600 Collins Ave Suite Apt. #, etc.		338 MInorca Ave			DO NOT WOLLD IN THE COLOR		
Suite, Apt. Unit 8		Suite, Apt. #, etc			DO NOT WRITE IN THIS SPACE		
City & Stat		City & State			4. FEI Number Applied For		
Miami		Coral Gables,	Cour		65-1142323 Not Applicabl	e	
Zip FL	33140	Zip G 33138 ෙර්ියන	US	iuy	5. Certificate of Status Desired		
<u> </u>		1272	.00		7. Name and Address of Current Registered Agent	ቯ•	
DO NOT WOITE				International CRegistered Agents corporation Street Address (P.O. Box Number is Not Acceptable)			
DO NOT WRITE IN THIS SPACE							
						\dashv	
				338 Minorca Avenue		4	
				Corla Gables FL Zip Code 33134			
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or regi	egistered agent, or both, in the State of Florida.		
CICNATURE	Maria Elena Caheza.	President /	Sto	lene-	1/28/02		
SIGNATURE .	Maria Elena Cabeza. Signature, typed or printed name of registered agent a	nd title if applicable.	7	<u> </u>	DATE	_	
				\$50.00			
		Make Check Pag	-	-	ent of State		
			OE BY	′ MAY 1			
9.	MANAGING MEMBER	RS/MANAGERS	-			- -	
TITLE NAME	MGR		TITL NAM	Į.		12/0	
STREET ADDRESS	Amelia Velasco	4+ 0V		ET ADDRESS		ģ	
CITY-ST-ZIP	5600 Collins Ave Ur Miami Beach, FL 331	46 01	CITY	-S1-ZIP		_ 8	
TITLE	MGR		TITU			200	
NAME STREET ADDRESS	Silvio Velasco	4	NAM STRI	ET ADDRESS	•	٦	
CITY-ST-ZIP	5600 Collins Ave Ur Miami Beach, FL 331	11t 8Y		-ST-ZIP			
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CITY-ST-ZIP			CITY	- ST-ZIP			
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CITY-ST-ZIP				-ST-ZIP			
11. I hereby	certify that the information supplied with	this filing does not qualify for	the exe	mption stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	\dashv	
indicated limited lia	on this report is true and accurate and t bility company or the receiver or trustee	nat my signature shall have t Impowered to execute this r	ne same eport as	e iegai ettect as s required by Cl	as if made under oath; that I am a managing member or manager of the Chapter 608. Florida Statutes.		