

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

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90085 021 ***158.75

DOCUMENT #	L01000009353
1. Entity Name IBERIANA L.L.C.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1550 Madruga Avenue		3. Mailing Address 1550 Madruga Avenue	
Suite, Apt. #, etc. Suite 406		Suite, Apt. #, etc. Suite 406	
City & State Coral Gables Florida		City & State Coral Gables, Florida	
Zip 33146	Country USA	Zip 33146	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1111521		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Maria Camila Leiva		
Street Address (P.O. Box Number is Not Acceptable) 1550 Madruga Avenue			
Suite 406			
City CORAL GABLES			
Zip Code 33146			

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 **Maria Camila Leiva** *Maria Camila Leiva* 02/01/2002
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP German Leiva 1550 Madruga Avenue Suite 406 Coral Gables, Florida 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Manuel Rodriguez de Castro 1550 Madruga Avenue Suite 406 Coral Gables, Florida 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST Maria Camila Leiva 1550 Madruga Avenue Suite 406 Coral Gables, Florida 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 empowered.

SIGNATURE: **Maria Camila Leiva** *Maria Camila Leiva* 02/01/2002 (305) 667-9484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)