LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000016008

DOCUMENT #

1. Entity Name

AMENDED lof 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

PROCOL HOLDINGS L.C.				02 DEC -5 PM 2:33	
2. Principal Place of Business 18755 Biscayne Blvd. 3. Mailing Address 18755 Biscayne Blvd.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For
Aventura, FL	Country	Aventura, FI.			Not Applicable
33180	US	Zip 33180	Country US	5. Certificate of Status Desired	\$5.00 Additional Fee Required
4. 经合理管理的代			Name	7. Name and Address of Current Regist	
DO NOT WRITE International Registered Agents Corp. Street Address (P.O. Box Number is Not Acceptable) 338 Minorca Avenue City Coral Gables, Florida FL Zip Code 33134					
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 Signature, typical or privated names of registered agent and title if applicable. DATE					
Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS					
		ERS/MANAGERS	mit (% a 4 2 a 4 2 a		
Manager Mauricio STREET ADDRESS CHY-ST-ZIP 18755 Bi	Vives	., Aventura FL 33180	NAME STREET ADDRESS CITY: ST-ZIP		ORZE083B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY ST. 2P		OR2E08
HILE NAME STREET ADDRESS CHY-ST-ZIP			NAME STREET ADDRESS CITY ST. ZIP	DO NOT WE	RITE
NAME STREET ADDRESS CITY-ST-ZIP			MAME. STREET ADDRESS CITY: ST: ZIP	IN THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY - ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST ZIP		
NAME SIREET ADDRESS CHY-SI-ZIP 11. Thereby certify that the in	formation supplied	a this Glipp does are a series	NAME SIREET ADDRESS CITY: STZIP		
indicated on this report is	true and accurate and	that my signature shall have	the exemption stated in Se	ction 119.07(3)(i). Florida Statutes. I further	certify that the information

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes. I further certify that the informatic limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mauricio Vives, Manager (305) 932-6566

NAGER, OR AUTHORIZED REPRESENTATIVE

Date

D



ACCOUNT NO. : 07210000032

REFERENCE: 844047

126281A

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE: December 5, 2002

ORDER TIME: 12:16 PM

ORDER NO. : 844047-010

CUSTOMER NO: 126281A

CUSTOMER: Manuel E. Cabeza, Esq Cabeza & Associates, P.a.

338 Minorca Avenue

Coral Gables, FL 33134

ANNUAL REPORT FILING

NAME: PROCOL HOLDINGS L.C.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: