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

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



FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90270 013 ****50.00

4/15/2003 Date

Daytime Phone #

1. Enlity Name PROCOL HOLDINGS L.C.					03 01 2003 30270 013	50.00	
	DO NOT WRIT	E IN THIS	SPAC	E			
	Place of Business V 27TH AVE.	3. Mailing Address 2588 SW 27			1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Star MIAMI, F		City & State MIAMI, FL			4. FEI Number 35-2202245	Applied For Not Applicable	
^{Zip} 33133	Country U.S.	33133	Coun U.S.	try	5. Certificate of Status Desired \$5.00 Additional Fee Required		
In the part of the state of			ا انک بالسخمندی جو	Name ANTO	7. Name and Address of Current Registered A	gent	
DO NOT WRITE IN THIS SPACE				ANTO	NIO GARCIA		
				Street Address (P.O. Box Number is Not Acceptable)			
IN I III S		PACE		2588 SW 27	7TH AVE.		
				City MIAMI	FL	Zip Code 33133	
		for the purpose of chang	ging its registere	ed office or register	red agent, or both, in the State of Florida. I am fam		
_	tions of registered agents		•		4/15/2003	,	
SIGNATURE Signature typed of printed name of registered agent and title if applicable.					4) 13/2000 DATE		
Make Check Payab				\$50.00			
			Payable to Fl DUE BY		ent of State		
9.	MANAGING MEM	BERS/MANAGERS	702.51	THE STATE OF THE S			
TITLE	MGR						
NAME STREET ADDRESS	VIVES MAURICIO			ET ADDRESS			
CITY-ST-ZIP	1 2500 CM 27TH AME MIANI EL 22122			ST-ZIP	e :		
TITLE			TITLE				
NAME STREET ADDRESS	ess			ET ADDRESS		·	
CITY-ST-ZIP	r-st-zip			-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE							
NAME _STREET ADDRESS.	· ·			ET ADDRESS		الاعتداد المجاهدا	
CITY-ST-ZIP			CITY	-ST-ZIP	DO NOT WRIT		
TITLE NAME					IN THIS SPACE		
STREET ADDRESS			NAMI STRE	et address			
CITY-ST-ZIP			СПУ	-ST-ZIP		<u> </u>	
TITLE Name			TITLE NAME				
STREET ADDRESS				ET ADDRÉSS		**	
CITY-ST-ZIP			CITY	-ST-ZIP			
TITLE NAME			TIÌLE NAMI				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				ST-ZIP	<u></u>		
indicated	certify that the information supplied will on this report is true and accurate an ability company of the receiver of trust	nd that my signature shall	ll have the same	legal effect as if n	ection 119.07(3)(i), Florida Statutes. I further certify made under oath; that I am a managing member of the foundation	that the information or manager of the	