2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90132 029 ****55.00

DOCUMENT # L01000016330

1. Entity Name
PROMOCOL HOLDINGS L.C.

Principal Place of Business	Mailing Address
2588 SW 27TH AVE MIAMI, FL 33133	2588 SW 27TH AVE MIAMI, FL 33133

02022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2121 PONCE DE LEON BLVD		2121 PONCE DE LEON BLVD	
Suite, Apt. #, etc.: SUITE 240		Suite, Apt. #, etc.: SUITE 240	
City & State: CORAL GABLES, FLORIDA		City & State: CORAL GABLES, FLORIDA	
Zip: 33134	Country:	Zip: 33134	Country:

4. FEI Number: 65-1142544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTERNATIONAL REGISTERED AGENTS CORP. 2588 SW 27TH AVE MIAMI, FL 33133	Name: PRATS, GABRIEL Street Address (P.O. Box Number is Not Acceptable): 2121 PONCE DE LEON BLVD. SUITE 240 City: CORAL GABLES 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 2-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAVANZO, ROBERTO 2588 SW 27TH AVE MIAMI, FL 33133	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALARA LTD. 2121 PONCE DE LEON BLVD. N. 240 CORAL GABLES, FL 33134	☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP CAVANZO, ROBERTO CALLE 104 A #22-61 BOGOTA, COLOMBIA,	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INVERLEG L.L.C. 2121 PONCE DE LEON BLVD. N. 240 CORAL GALBES, FL 33134	☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Jose Camilo Vega 4-26-04 305-444-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #