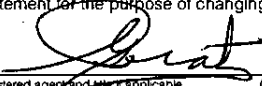
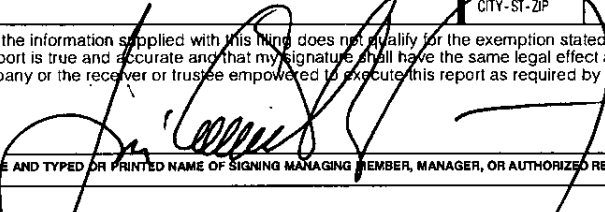


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 2588 SW 27TH AVE MIAMI, FL 33133			Mailing Address 2588 SW 27TH AVE MIAMI, FL 33133		
2. Principal Place of Business 2121 PONCE DE LEON BLVD		3. Mailing Address 2121 PONCE DE LEON BLVD			
Suite, Apt. #, etc. SUITE 240		Suite, Apt. #, etc. SUITE 240		02022004 Chg-LLC CR2E083 (10/03)	
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA		4. FEI Number 65-1142544	
Zip 33134		Country		5. Certificate of Status Desired XX \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INTERNATIONAL REGISTERED AGENTS CORP. 2588 SW 27TH AVE MIAMI, FL 33133			7. Name and Address of New Registered Agent 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, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when re-registering)			DATE 2-4-04		
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	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALARA LTD. 2121 PONCE DE LEON BLVD. N. 240 CORAL GABLES, FL 33134
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP CAVANZO, ROBERTO CALLE 104 A #22-61 BOGOTA, COLOMBIA,	☒ 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 ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Jose Canillo-Legra					
Date 4-26-04 Time 303-444-8333					