LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

FILED Apr 30, 2003 8:00 am Secretary of State

4/15/2003 Date

Daytime Phone #

			<u>,</u>	7.1	Sceretary or State
DOCU 1. Entity Nam	DCUMENT # L01000016330 Initity Name PROMOCOL HOLDINGS L.C. DO NOT WRITE IN THIS SPACE				
PRO	MOCOL HOLDINGS L.	C. ✓			
	DO NOT WRITE	IN THIS SP	ACE		
	Place of Business V 27TH AVE.	3. Mailing Address 2588 SW 27TH AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State MIAMI, FL		City & State MIAMI, FL		 -	4. FEI Number 65-1142544 Applied For Not Applied be.
Zip 33133	Country U.S	Zip - 33133	Country U.S.	use	5. Certificate of Status Desired
· · · · · · · · · · · · · · · · · · ·					7. Name and Address of Current Registered Agent
DO NOT WRITE				Name ANTONIO GARCIA	
<u>@</u>			Street Address (P.O. Box Number is Not Acceptable)
य } ¥	IN THIS SP	ACE	2	588 SW 27	TH AVE.
1.			C	ity MIAMI	FL Zip Code 33133
		r the purpose of changing its re			ed agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agen				4/15/2003
SIGNATURE	Signature, typed of printed time of registered agent	and little if applicable.			DATE
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\.		Make Check Payable	E BY M		nt of State
9.	MANAGING MEMBE	RS/MANAGERS			
TITLE NAME	MGR ·		TITLE NAME	ļ	"
STREET ADDRESS	VIVES, MAURICIO	MI EL 00400	STREET AD	DORESS	
CITY-ST-ZIP	2588 SW 27TH AVE., MIA	MI, FL 33133	CITY-ST-7	ZIP	
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STREET ADDRESS			STREET AD		
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	CITY-ST-Z	ZIP	
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CITY-ST-ZIP	<u> </u>		CITY-ST-Z	ZIP	
indicated	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have th	e same led	al effect as if m	ction 119.07(3)(i), Florida Statutes. I further certify that the information lade under oath; that I am a managing member or manager of the er 608, Florida Statutes.