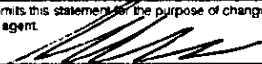
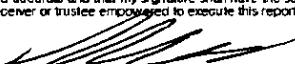


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SECRETARY OF STATE
TALLAHASSEE FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000023715			
1. Entity Name INVERSIONES MIAMI, LLC			
Principal Place of Business 6604 SW 114TH PLACE A MIAMI, FL 33173 US		Mailing Address 6604 SW 114TH PLACE A MIAMI, FL 33173 US	
2. Principal Place of Business 1414 NW 107th Ave		3. Mailing Address 1414 NW 107th Ave	
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc. Suite 105	
City & State Miami, FL		City & State Miami, FL	
Zip 33172	Country USA	Zip 33172	Country USA
4. FEI Number 20-0217745		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CASERES, WILKIN 6604 SW 114TH PLACE A MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Wilkin Caseres Street Address (P.O. Box Number is not Acceptable) 1414 NW 107th Ave Suite 105 City Miami FL Zip Code 33172	
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  Wilkin Caseres DATE 09/11/2003 Signature, typed or printed name of registered agent and one if applicable. (NOTE: Registered Agent's signature required when returning.)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY May 31, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR CASERES, WILKIN 6604 SW 114TH PLACE MIAMI, FL 33173	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager Caseres, Wilkin 1414 NW 107th Avenue, Suite 105 Miami, FL 33173	☐ 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
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 806, Florida Statutes. SIGNATURE:  DATE 09/11/2003 PHONE 305-401-0956 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. One. Certificate Phone #			

MJH

9/16 ☐ CHECK HERE IF MAKING CHANGES

CPRE083 (10/02)

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