LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

1. Entity Nan	MENT # L020000289	04-30-2003 90188 011 ****50.00				
	DO NOT WRITE	IN THIS	SPAC	:E		
2. Principal Place of Business 3. Mailing Address 2588 SW 27TH AVE 2588 SW 27TH Suite, Apt. #, etc. Suite, Apt. #, etc.		1 AVE.		DO NOT WRITE IN THIS SPACE		
City & State City & State MIAMI, FL MIAMI, FL		City & State MIAMI, FL			4. FEI Number 020650551 Applied For Not Applicable	
33133	Country U.S.	33133	Coun U.S.	try	Certificate of Status Desired	\$5.00-Additional
DO NOT WRITE IN THIS SPACE				Name ANTONIO GARCIA Street Address (P.O. Box Number is Not Acceptable) 2588 SW 27TH AVE. City MIAMI, FL FL Zip Code 33133		
8. The above the obligat SIGNATURE	e named entity submits this statement for to tions of registered agent. Sonature, typed or printed game of registered agent and		FEE IS	\$50.00 orida Departme	red agent, or both, in the State of Florida. I and Hard Agent, or both, in the State of Florida. I and Hard Agent	
9.	MANAGING MEMBER	S/MANAGERS				2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACOSTA, CONSUELO AV. 15 #119-24, BOGOTA,	COLOMBIA	3333333	accommons borrer per ser		CRZE083B (12/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP			688888	**************************************		CRZE
TITLE NAME STREET ADORESS CITY-ST-ZIP			3333333		DO NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		R9356333		IN THIS SPA	CE
TITLE NAME STREET ADDRESS			TITLI Nam Stre			

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 eath; 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.

TITLE

NAME

CITY-ST-ZP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Consuelo	Leosta	<i>C</i> ,		
SIGNATURE AND TYPED OR PRINTED NAME OF SIG	SMENG MANAGING MEMB	ER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITI F

NAME