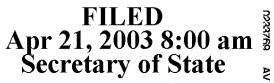
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

M02352 **DOCUMENT #**

. Entity Name DEL CUETO CORPORATION					
Principal Place of Business 515 SW 7TH ST., SUITE 1	Mailing Address 2515 SW 7TH ST., SUITE 1				



DEL CUETO CORPORATION				04-21-2003 90470 009 ***150.00				
Principal Place of Business 2515 SW 7TH ST., SUITE 1 MIAMI FL 33135 Mailing Address 2515 SW 7TH ST., SUITE 1 MIAMI FL 33135		 		DJ DINIJ BIBLI DIBLI DIDIJ BIJIH 1811 1811				
2. Principal F	Place of Busin	ness	3. Mailing Address					
Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te		City & State		4. FEI Number 59-2426441	Applied For Not Applicable		
Zip		Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name	and Address of Curren	Registered Agent	None	7. Name and Address of New Reg	stered Agent		
DEL CLIET	TO, JOSE M	1		Name	Name			
	7TH ST., S			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33135								
				City		FL Zip Code		
	named entit		or the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florid	a. I am familiar with, and accept		
SIGNATURE	Signature, typed	or printed name of registered agen	and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating)	DATE		
s Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o			9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10, 2000		OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICE			
NAME STREET ADDRESS CITY-ST-ZIP	DEL CUET	O, JOSE M. 7TH ST., SUITE 1	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
	IDEL COFI	O, ELEÑA B. 7TH ST. SUITE 1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS GITY-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		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP) tr		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		

12. 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 or supplemental report is true and accurate and that the signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE