


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90024 024 \*\*\*\*70.00

<b>DOCUMENT # N00000000333</b>			
1. Entity Name <b>CAMACOL LOAN FUND INC.</b>			
Principal Place of Business <b>1417 WEST FLAGLER STREET THIRD FLOOR MIAMI FL 33135</b>		Mailing Address <b>1417 WEST FLAGLER STREET THIRD FLOOR MIAMI FL 33135</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>DE OLIVEIRA, CRISTINA E 2701 LE JAUNE ROAD SUITE 410 MIAMI FL 33134</b>		7. Name and Address of New Registered Agent Name <b>José Antonio Font</b> Street Address (P.O. Box Number is Not Acceptable) <b>1417 West Flagler, Third Floor</b> City <b>Miami</b> FL <b>33135</b>	
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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 *J. A. Font, José Antonio Font, President* 2-18-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, WILLIAM 1417 WEST FLAGLER STREET MIAMI FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CUERVO, LUIS 2801 PONCE DE LEON, STE. 700 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Pablo Perez Cisneros</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1420 Brickell Bay Drive, # 308 Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NARANJO, ORLANDO 1650 SW 17TH STREET MIAMI FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <b>Fausto Alvarez</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2828 Coral Way, Suite 300 Miami, FL 33145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC INFANTE, RENE REDLAND MARKET VILLAGE 244205 HOMESTEAD FL 33032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>José Antonio Font</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9921 Costa del Sol Blvd. Miami, FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, RUBEN 2320 NW 182 TERRACE MIAMI FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, MARCEL 5959 NW 37TH AVE MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: *J. A. Font, J. A. Font, President* 2-18-04 305.6427472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #