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FILED
Jun 06, 2001 8:00 am
Secretary of State
04-16-2001 90478 001 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001332

1. Entity Name

THE ROADS TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 N. BISCAYNE BLVD. SUITE 1407 MIAMI FL 33132	100 N. BISCAYNE BLVD. SUITE 1407 MIAMI FL 33132
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For — [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, HOSEY ESQ.
2701 SOUTH BAYSHORE DRIVE
SUITE 602
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name: Land Developers S.A. USA, Inc.
Street Address (P.O. Box Number is Not Acceptable): 100 N. Biscayne Blvd., Suite 1407
City: MIAMI — FL — Zip Code: 33132

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.

SIGNATURE: [signature] — 3/29/01
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

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/S/T/D	[ ] Delete
NAME	CARLOS JUAN MOLINARI	
STREET ADDRESS	100 N. BISCAYNE BLVD., Suite 1407	
CITY-ST-ZIP	MIAMI, FL. 33132	
TITLE	D	[ ] Delete
NAME	ALICIA ROLENC	
STREET ADDRESS	100 N. BISCAYNE BLVD. S# 1407	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	D	[ ] Delete
NAME	MARIA FERNANDA MOLINARI	
STREET ADDRESS	100 N. BISCAYNE BLVD. S# 1407	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
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TITLE		[ ] Change [ ] Addition
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TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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: [signature] SIGNATURE REQUIRED — 3/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #