1. Entity Name	ENT # NO100	0000848				•	<u>~</u>	
AMIGOS DEL ING. AGUSTIN JARQUIN ANAYA, INC.					X	FILE	ED 1	
Principal Place of Business Mailing Address					02	2 OCT 10	AM 11: 54	
300 BISCAYNE BLVD. WAY SUITE 1014 MIAMI FL 33131		300 BISCAYNE BLVD. WAY SUITE 1014 MIAMI FL 33131			SE	CRETARY (OF STATE	
					TAL	CRETARY (LAHASSEE	, FLORIDA	
2. Principal Place of	f Business	3. Mailing Address			L MANAGER BY	sala l in o le sa lus co nt.	SONI DONI DONI DEPO	1 0 130 2 030 1860 1
Suite, Apt. #, etc. City & State					i Monion dh			
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS S		E IN THIS SPACE	SPACE
		City & State			4. FEI Number			Applied F
Zip	Country	Zip	Country	y				Not Applie
6. 1	Name and Address of Curren	t Registered Agent			5. Certificate of S		Teo Do	Additional
			- h	lame	7. Name and Add	dress of New Re	gistered Agent	
MORA, PEDRO			~	troot Addi				_
300 BISCAYNE BLVD. WAY SUITE 1014			S	ireet Address (P 	O. Box Number is	Not Acceptable)		
MAMI FL 33131						·		
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the above named the obligations of re	entity submits this statement for equistered agent.	r the purpose of changing its	registered of	fice or registere	d agent t u		FL Zip (Jode
- · · /						me orate Ot FIOUG	a. I am familiar w	ith, and acco
	yped or printed neme of resistence agent	and title if applicable. (NOTI	E: Registered Agen	4 signature required wh	ien reinstating)	8/1	18/02 DATE	
Skyriture,	eptember 13, 2002	9. Election Can	npaign Financ	ing _ \$		8/1	Shada Bara	
Skyriture,	eptember 13, 2002, will be \$236.25.	9. Election Can Trust Fund C	npaign Financ	ing _ \$	5.00 May Be	Make Depa	Check Payablertment of Sta	e to
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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 changed, or on an attachment with an address, with all other like empowered.

SIGN THE HESTUIRED IN COLUMN SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Daytime Phone #