


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>NO1000003060</u>	
1. Entity Name SION, MISION A LAS NACIONES, INC.	

**FILED**  
03 AUG 20 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

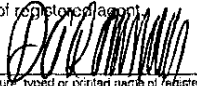
**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 02-03  
DO NOT WRITE IN THIS SPACE

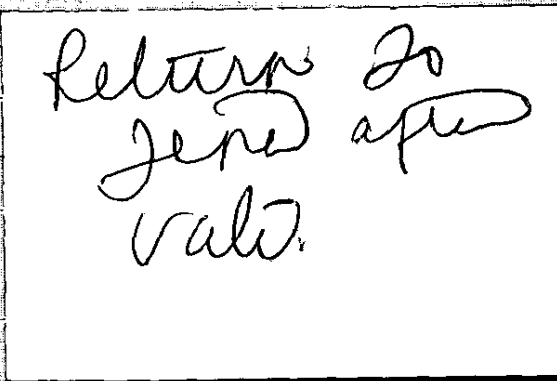
2. Principal Place of Business 286 IPSWICH STREET Suite, Apt. #, etc.		3. Mailing Address 286 IPSWICH STREET Suite, Apt. #, etc.		4. FEI Number 65-1110173	Applied For <input type="checkbox"/> Not Applicable
City & State BOCA RATON, FL		City & State BOCA RATON, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33487	Country	Zip 33487	Country		

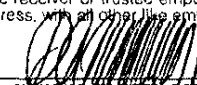
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7. Name and Address of Current Registered Agent	
Name	DILIA GARAY
Street Address (P.O. Box Number is Not Acceptable)	
2925 BANYAN BLVD. CIRCLE NW	
City	BOCA RATON FL 33431

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 	DILIA GARAY - TREASURER	08/12/2003
<small>(NOTE: Registered Agent signature required when reinstating.)</small>		

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$81.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LORENA GRISALES (PRESIDENT) 16347 NW 57TH AVENUE MIAMI, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700022479177 08/21/03--01042--005 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DILIA GARAY (TREASURER) 2925 BANYAN BLVD. CIRCLE NW BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 	DILIA GARAY - TREASURER	08/12/2003	(561) 994-5995
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)

*Handwritten: 28/120*