2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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Entity Name: ASOCIACION DE EMPRESARIOS Y PROFESIONALES USA/SPAIN, INC.

Current Principal Place of Business:

1221 BRICKELL AVENUE, SUITE 1100
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1221 BRICKELL AVENUE, SUITE 1100
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1112499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGRAMUNT, LUIS
1221 BRICKELL AVENUE, SUITE 1100
MIAMI, FL 33131

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOMINGUEZ, OSCAR
Address: 1221 BRICKELL AVENUE, SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: AGRAMUNT, LUIS
Address: 1221 BRICKELL AVENUE, SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: MORENO, IGNACIO
Address: 1221 BRICKELL AVENUE, SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: SALAZAR, MIGUEL
Address: 1221 BRICKELL AVENUE, SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: ELVIRA, SILVIA
Address: 1221 BRICKELL AVENUE, SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: PLANA, SARA
Address: 1221 BRICKELL AVENUE, SUITE 1100
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR DOMINGUEZ D 04/30/2002

Electronic Signature of Signing Officer or Director — Date