## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N26658

Entity Name: MIAMI WORLD'S FAIR 1995-1996, INC.

FILED May 21, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	OWAY ROAE 331656732	)				
Current Mailing Address:				New Mailing Address:		
	OWAY ROAD 331656732	)				
FEI Number:	65-0140965	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ORTIZ DE VALDERRAMA, CARLOS J 5111 GALLOWAY ROAD MIAMI, FL 33165 US				ORTIZ DE VALDERRAMA, CARLOS J 2016 ALTA MEADOWS LANE #706 DELRAY BEACH, FL 33444 US		
The above in the State	named entity of Florida.	submits this statement for the p	urpose o	f changing i	ts register	red office or registered agent, or both,
SIGNATURE:				05/21/2003		
	Electror	nic Signature of Registered Age	nt			Date
OFFICERS AND DIRECTORS:				ADDITION	IS/CHAN	GES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD ( ) Delete ORTIZ DE VALDERRAMA,, C. 5111 GALLOWAYROAD MIAMI, FL			Title: PD (X) Change ( ) Addition Name: ORTIZ DE VALDERRAMA,, C. Address: 2016 ALTA MEADOWS LANE #706 City-St-Zip: DELRAY BEACH, FL 33444		
Title: Name: Address: City-St-Zip:	VPD ( HARGREAVES 1205 MARIPOS CORAL GABLE	SA AVE.		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ALONSO, HUM 1431 SAN BEN CORAL GABLE	ІТО		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ARBOLEYA, CA BARNETT BAN MIAMI, FL			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) GILCRIST, JOH 300 BISCAYNE MIAMI, FL	-		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( JENNINGS, RO MIAMI INTL' AII MIAMI, FL	*		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition

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: C J ORTIZ DE VALDERRAMA PD 05/21/2003