FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90168 025 ****61.25

2004	NO	T-FC	R-P	RO	FIT	COR	PO	RAT	10	N
		AN	NU.	AL	REP	ORT				

1. Entity Nam MIAMI AII	WENT # N95000005 RWEST TRADE CENTER C TION, INC.		5-04-2004 90168	J25 ****	*61.25			
Principal Place	III	Mailing Address						
	lace of Business	3. Mailing Address	(2.2. A) (5					
556/ NW 74AVE Suite, Apt. #, etc. S		935 5W Suite, Apt. #, etc.	123 442	03232004 Chg-N	IP CR2E037	(10/03)		
City & State MIAM; FL		City & State Miami, FL		65-0630631			olied For Applicable	
^{Zip} 33/0	66 Country USA	33184	Country USA	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address	of New Registered Ag	∍nt		
CORBO-R 435 SW 12 MIAMI, FL			Street Address (P.O. Box Number is Not Acceptable)					
IVIII-TIVII, I L	33104		Ţ,		-			
			City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or regist	ered agent, or both, in the S	State of Florida. I am far	niliar with, a	and accept	
SIGNATURE								
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make check p Florida Departm			
10.	OFFICERS AND DIRI	<u> </u>	11.	ADDITIONS/CHANGES T	_	_		
title Name	SD CAPUTO, DENIS	☐ Delete	TITLE NAME		L	_ Change	☐ Addition	
STREET ADDRESS	5575 NW 74 AVE		STREET ADORESS CITY-ST-ZIP					
CITY-ST-ZIP	MIAMI, FL 33166 PD	☐ Delete	TITLE		[7 Change	☐ Addition	
NAME	ZARATE, ROBERTO	— 5000	NAME					
STREET ADDRESS CITY-ST-ZIP	7344 NW 56 ST MIAMI, FL 33166		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	VD CALDERIN, ROBERTO	☐ Delete	TITLE NAME		Γ	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5561 NW 74 AVE MIAMI, FL 33166		STREET ADDRESS City-St-Zip					
TITLE	TD 33100	□ Delete	TITLE		[☐ Change	☐ Addition	
NAME	REYES, MIGUEL		NAME					
STREET ADDRESS CITY-ST-ZIP	5565 NW 74 AVE MIAMI, FL 33166		STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE		Γ	Change	☐ Addition	
NAME STREET ADDRESS	LAGO, PABLO 7314 NW 56 ST		NAME STREET ADDRESS	,				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	\ .				
TITLE	•	☐ Delete	TITLE		Γ	Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS]	
CITY-ST-ZIP			CITY-ST-ZIP					
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 AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR DOIS DOIS DOIS PROME PROPER DE DIRECTOR								