

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000472

FILED
Apr 26, 2004
Secretary of State**Entity Name:** CARNAVAL INDEPEDENCIA CENTRO AMERICA Y MEXICO, INC.**Current Principal Place of Business:**2441 NW 93RD AVENUE
SUITE #102
MIAMI, FL 33172**New Principal Place of Business:****Current Mailing Address:**2441 NW 93RD AVENUE
SUITE #102
MIAMI, FL 33172**New Mailing Address:****FEI Number:** 65-0892249 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**RODRIGUEZ, EDDI
2441 NW 93RD AVE STE 102
MIAMI, FL 33172**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:** PD () Delete
Name: RUEDES, LEOBARDO
Address: 1401 SW 20 ST
City-St-Zip: MIAMI, FL 33145**Title:** VP () Delete
Name: MENDEZ, RAQUEL B
Address: 8647 NW 93RD ST
City-St-Zip: MIAMI, FL 33126**Title:** SVP () Delete
Name: RODRIGUEZ, EDDI
Address: 2441 NW 93RD AVE STE 102
City-St-Zip: MIAMI, FL 33172**Title:** ST () Delete
Name: COLINDRE, LUIS
Address: 2441 NW 93RD AVE
City-St-Zip: MIAMI, FL 33172**Title:** D (X) Delete
Name: REGALDO, TOMAS
Address: 2420 SW 20 ST
City-St-Zip: MIAMI, FL 33145**Title:** D (X) Delete
Name: BARREIRO, GUSTAVO
Address: 325 OCEAN DR A-303
City-St-Zip: MIAMI BEACH, FL 33139**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: RUEDAS, LEOBARDO
Address: 1401 SW 20 ST
City-St-Zip: MIAMI, FL 33145**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
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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: EDI RODRIGUEZ

SVP

04/26/2004

Electronic Signature of Signing Officer or Director_____
Date