## **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## Mar 28, 2003 8:00 am Secretary of State DOCUMENT # 03-28-2003 90110 018 \*\*\*\*70.00 1. Entity Name N99000000472 CARNAVAL INDERSONDER CONTROLMERICA MEXICO 90063483 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Mailing Address 2441 NW 93rd Avenue Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 102 City & State City & State 4. FEI Number Applied For 650892249 Miami Florida Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33172 Date 7. Name and Address of Current Registered Agent Rodriguez DO NOT WRITE Address (P.O. Box Number is Not Acceptable) 441 NW 93rd Avenue Suite IN THIS SPACE Miami 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. Senior VP. 3 - 21 - 03Eddi Rodriguez en reinstating) Make Check Payable to FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Initial or Amended UBR Added to Fees OFFICERS AND DIRECTORS 10. CR2E037B (12/02 President NAME Leobardo Ruedas STREET ADDRESS STREET ADDRESS 1401 SW 20 St. Miami Florida CITY-ST-ZIP CITY-ST-ZIP TITLE Vace President Raquel Bretos Mendez NAME 8647 NW 93rd St. STREET ADDRESS STREET ADDRESS Miami Florida 33126 CITY-ST-ZIP CITY-ST-2IP Senior VP. Eddi Rodriguez 2441 NW\_93rd\_Ave,Suite\_102 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP Miami Florida 33172 CITY-ST-ZIP Secretary-Treausurer THLE IN THIS SPACE Colindre NW 93rd Ave. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami Florida 33172 CITY-ST-ZIP Director TITLE TITLE Tomas Regalado NAME NAME STREET ADDRESS STREET ADDRESS 2420 SW 20 St. CITY-ST-ZIP CITY-ST-ZIP <u>Miami Florida 33145</u> TITLE Director TITLE NAME Gustavo Barreiro

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 on an attendance with a chapter with attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

325 Ocean Drive A-303

Miami Florida 33139

STREET ADDRESS

CITY-ST-ZIP

FILED