FEB-19-03 WED 12:27 PM LAZARUS CORPORATION FAX:305?

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

2/24/

FILED
Mar 10, 2003 8:00 am
Secretary of State
02-24-2003 90962 026 ****70.00

DOCUMENT # N 99000003748

1. Entity Name
CARNAVALES SANTIAGUEROS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6854 W Flagler ST	6854 W Flagler ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33144 County: Dade	Zip: 33144 County: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0901526 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SAQUI ROXI

Street Address (P.O. Box Number is Not Acceptable): 8025 SW 19 Street

City: Miami FL Zip Code: 33155

8. 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required on this mandatory)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: SAQUI ROXI STREET ADDRESS: 8025 SW 19 Street CITY-ST-ZIP: Miami FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VPD NAME: MARTINEZ OBERTO STREET ADDRESS: 1350 SW 122 Ave Apt 222 CITY-ST-ZIP: Miami FL 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: SD NAME: CARRAZANA JOSE' STREET ADDRESS: 8300 SW 107 Ave #207 CITY-ST-ZIP: Miami FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: TD NAME: COLLAZO ROSENDO STREET ADDRESS: 9321 SW 4 Street CITY-ST-ZIP: Miami FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

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 11 above with an address, with all other like empowered.

SIGNATURE: _____ 02/19/03 (305)266-4151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #