May 22, 2001 8:00 am Secretary of State 2091 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P00000020013 05-22-2001 90632 040 ***150.00 1. Entity Name OUINED TRUST COPORATION Principal Place of Business Mailing Address C0069361 75 VALENCIA AVENUE 75 VALENCIA AVENUE 4TH FLOOR 4TH FLOOR CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address SAME AS ABOVE SAME AS ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0983979 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CARLOS VILLANUEVA 75 VALENCIA AVENUE, 4TH FLOOR CORAL GABLES, FL 33134 Cifv Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. X Addition TITLE Change TITLE Delete CR2E034 NAME VILLANUEVA, CARLOS NAME QUINTERO, MARIA JIMENA STREET ADDRESS 75 VALENCIA AVENUE, 4TH FL STREET ADDRESS 75 VALENCIA AVENUE, 4TH FL CITY - ST - ZIP CITY - ST - ZIP <u>CORAL GABLES,</u> FL 33134 CORAL GABLES, FL 33134 TITLE Change Addition TITLE DV Delete NAME NAME QUINTERO, ALEJANDRA STREET ADDRESS 75 VALENCIA AVENUE, STREET ADDRESS 4TH FL CITY - ST - ZIP CITY - ST - ZIP CORAL GABLES<u>, FL 33134</u> Addition TITLE Delete TITLE Change DS NAME NAME QUINTERO, ELSA DE STREET ADDRESS STREET ADDRESS 75 VALENCIA AVENUE, 4TH FL CITY - ST - ZIP CITY - ST - ZIP CORAL GABLES, FL TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Delete TITLE Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. 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 607, Florida Statutes; and that my name appears

CARLOS VILLANUEVA

in Block 11 or Block 12 if effinged, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1

SIGNATUR

4/30/01 305-377-0812

FILED

Date

Daytime Phone #