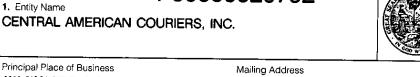
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P00000020792





FILED

Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90149 030 ***150.00

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Principal Place of Business 2699 BISCAYNE BLVD. SUITE 4 MIAMI FL 33137 Mailing Address 2699 BISCAYNE BLVD. SUITE 4 MIAMI FL 33137				22000766
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
a)			Name	The state of the state of Agent
RIVERA, GUILLERMO E 2699 BISCAYNE BLVD. SUITE 4			Street Addre	ess (P.O. Box Number is Not Acceptable)
MIAMI FI			-	
11112 11410 1 1	2 00 101		City	
			City	FL Zip Code
8. The above the obligation of	e named entity submits this statemen ations of registered agent.	It for the purpose of changing it	ts registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signature req	quired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 ok Payable to Florida Department	00 t of State		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D ·	☐ Delete	TITLE	Change Addition
NAME	RIVERA, GUILLERMO E		NAME	Change Addition
STREET ADDRESS	1 100 10 017 1 10 01.		STREET ADDRESS	
CITY-ST-ZIP	MIMAI FL 33186		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	WILLIAMS, ELIZABETH 10420 SW_153_CT_#7		NAME	
CITY-ST-ZIP	MIAMI FL 33196		STREET ADDRESS CITY-ST-ZIP	
TITLE	D		-	
NAME	MORAGA, OSCAR O	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	_ ;
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
TITLE NAME		Delete	TITLE	☐ Change ☐ Addition
NAME Street Address			NAME STREET ADDRESS	

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 except this report as required by Chapter 607, 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

305)4380109

CR2E034 (10/02)