2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2001 8:00 am Secretary of State

DOCUMENT # P00000028500 05-24-2001 90496 015 ***150.00 1. Entity Name TEMENSIS CORPORATION Principal Place of Business Mailing Address Canag345 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 ABOYE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0990965 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CARLOS VILLANUEVA 75 VALENCIA AVENUE, 4TH FLOOR CORAL GABLES, FL 33134 City 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 Payabia to Department of State CR2E034 (11/00) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPS Delete TITLE Change X Addition TITLE NAME NAME VILLANUEVA, CARLOS BELIS, IMMER 75 VALENCIA AVENUE, 4TH FL STREET ADDRESS 4TH FL STREET ADDRESS 75 VALENCIA AVENUE, CITY - ST - ZIP CITY - ST - ZIP CORAL GABLES, FL 331 CORAL GABLES, FL 33134 Addition Delete TITLE Change TITLE VARGAS, JUAN CARLOS NAME NAME STREET ADDRESS 75 VALENCIA AVENUE, 4TH FL STREET ADDRESS <u>CORAL GABLES,</u> FL 331 CITY - ST - ZIP CITY - ST - ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition

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

CITY - ST - ZIP

NAME STREET ADDRESS

in Block 11 or Block 12 if 20	inged, or o n ar	attachment with	an address, v	wit i all other li	ke empowere
	17/	-			-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 305-377-0812

Davtime Phone #

SIGNATURE

NAME

STREET ADDRESS CITY - ST - ZIP