FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000038670 03 JUL -7 PM 7:39 SECRETARY OF STATE TALLAHASSEE. FLORIDA Structure And Form , Inc. DO NOT WRITE IN THIS SPACE **/ 400022062214** 08/05/03--01008--025 **450,00 2. Principal Place of Business 3. Mailing Address 7230 NW Miami Ct. (Rear) Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Rear City & State City & State 4. FEI Number Applied For Miami, FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33150 USA Fee Required 7. Name and Address of Current Registered Agent Name Michel Gutierrez DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 7230 NW Miami Ct (Rear) City Miami 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. I am familiar with, and accept the obligations of registered agent. Michel Gutierrez President 7/01/03 (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61,25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE Michel Gutierrez (P/D) TITLE NAME NAME 7230 NW Miami CT STREET ADDRESS STREET ADDRESS Miami, FL. 33150 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Enrique Gonzalez (VID) NAME NAME 7230 NW Miami CT STREET ADDRESS STREET ADDRESS Miami, FL. 33150 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director diffective this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an 12. I hereby certify that the information supplied will indicated on this report or supplemental report. of the corporation or the receiver or truste attachment with an address, with all other

CITY ST-ZIP

SIGNATURE:

SIGNATURE AND T

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/01/03

305-441-7912

Date

Davigo Phone #

CR2E034B (12/02)

STRUCTURE AND FORMS, INC.



TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2001 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

MICHEL GUTIERREZ

PRESIDENT