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04 MAY 27 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000041199

1. Entity Name
BANCASA REALTY CORPORATION

Principal Place of Business	Mailing Address
1040 WESTON RD. SUITE 105 FORT LAUDERDALE, FL 33326	1040 WESTON RD. SUITE 105 FORT LAUDERDALE, FL 33326

05142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-1004201 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MIR, HECTOR J
2655 LE JEUNE ROAD
SUITE 1107
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: BARRAGAN, JORGE STREET ADDRESS: 1666 KENNEDY CAUSEWAY CITY-ST-ZIP: NORTH BAY VILLAGE, FL 33140	☒ Delete	TITLE: Director, President NAME: Juan Carlos Gaviria STREET ADDRESS: 1365 Bay Terrace CITY-ST-ZIP: North Bay Village, FL 33141	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	Elizabeth Camp, Vice President 1666 Kennedy Causeway N. Bay Village - Fl 33141	Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Juan Carlos Gaviria 5/14/04 (305) 864-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #