3/16/(

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
03-16-2001 90001 004 ***150.00

DOCUMENT # P00000047369

1. Entity Name

EMAGALSA, CORP.

Principal Place of Business	Mailing Address
1655 SW 19TH TERR MIAMI FL 33145	1655 SW 19TH TERR MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1007040 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALDAMEZ, JUAN F 1655 SW 19TH TERR MIAMI FL 33145	Name: J.E. OYARCE & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable): C/o Jorge E. Oyarce 149 SW 12th Ave. Ste 4 City: Miami FL Zip Code: 33130

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: Jorge E. Oyarce 3/12/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2001 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	JUAN F. GALDAMEZ 1655 SW 19TH TERR MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	MARGARITA GALDAMEZ 1655 SW 19TH TERR MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	ZULMA GALDAMEZ 1655 SW 19TH TERR MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	GERARDO A. GALDAMEZ 1655 SW 19TH TERR MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	JUAN GALDAMEZ 1655 SW 19th TERR MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	MARIA E. GALDAMEZ 1655 SW 19TH TERR MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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

SIGNATURE: X [signature] [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/10/01 — Daytime Phone #: 305-324-2248