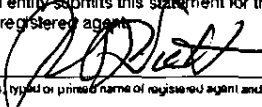
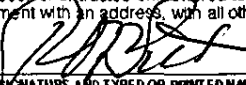


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90338 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000053098					
1. Entity Name NAP OF THE AMERICAS, INC.					
Principal Place of Business 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133			Mailing Address 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133		
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 65-1018178	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIBOVITCH, ELLEN M 2601 S. BAYSHORE DR. SUITE 1600 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name ROBERT D. SIKHTA Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DR., 9TH FLOOR City MIAMI FL 33133	
B. 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  ROBERT D. SIKHTA DATE 3-25-03					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D ☐ Delete				
NAME	MEDINA, MANUEL D				
STREET ADDRESS	2601 S. BAYSHORE DR., 9TH FLOOR				
CITY-ST-ZIP	MIAMI, FL 33133				
TITLE	DP ☐ Delete				
NAME	GOODKIND, BRIAN K				
STREET ADDRESS	2601 S. BAYSHORE DR., 9TH FLOOR				
CITY-ST-ZIP	MIAMI, FL 33133				
TITLE	DVPS ☐ Delete				
NAME	GONZALEZ, JOSE E				
STREET ADDRESS	2601 S. BAYSHORE DR., 9TH FLOOR				
CITY-ST-ZIP	MIAMI, FL 33133				
TITLE	AS ☐ Delete				
NAME	SIKHTA, ROBERTO SIKHTA, ROBERT D.				
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR				
CITY-ST-ZIP	MIAMI, FL 33133				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  ROBERT D. SIKHTA, ASST. SECRETARY DATE 3-25-03 DAYTIME PHONE # 305-856-3201					

CR2E034 (10/02)