

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090367

1. Entity Name
CLALE CORPORATION

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90009 045 ***150.00

C0037006



DO NOT WRITE IN THIS SPACE

| | |
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| Principal Place of Business 10257-59 NW 9TH STREET CIR.. #213 MIAMI FL 33172 | Mailing Address 10257-59 NW 9TH STREET CIR.. #213 MIAMI FL 33172 |
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|--------------------------------|---------|--|----------------|
| 2. Principal Place of Business | | 3. Mailing Address 782 NW Le Jeune Rd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 434 | |
| City & State | | City & State Miami FL | |
| Zip 33126 | Country | Zip 33126 | Country USA |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1043647 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 6. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST ANTONIO SEGADE, ALEJANDRO ROQUE SAENZ PENA 34, 1876 BERNAL BUENOS AIRES, ARGENTINA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alejandro A. Segade Date: 3/26/01 Daytime Phone #: 304-441-3323

0619897

CR2E034 (10/00)