

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90319 040 \*\*\*150.00

<b>DOCUMENT #</b> P00000090790			
<b>1. Entity Name</b> INVERMAG CORPORATION			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 2100 PONCE DE LEON BLVD. <small>Suite, Apt. #, etc.</small> SUITE 600 <small>City &amp; State</small> CORAL GABLES, FL		<b>3. Mailing Address</b> 2100 PONCE DE LEON BLVD. <small>Suite, Apt. #, etc.</small> SUITE 600 <small>City &amp; State</small> CORAL GABLES, FL	
<small>Zip</small> 33134	<small>Country</small> USA	<small>Zip</small> 33134	<small>Country</small> USA
<b>4. FEI Number</b> 65-1047284		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b> <small>Name</small> CARLOS VILLANUEVA <i>George Burlan</i> <small>Street Address (P.O. Box Number is Not Acceptable)</small> 2100 PONCE DE LEON BLVD. SUITE 600 <small>City</small> CORAL GABLES <span style="float: right;"><small>FL</small> <small>Zip Code</small> 33134</span>	
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b> <i>[Signature]</i> <span style="margin-left: 20px;">4/29/03</span> </div> <div style="width: 60%;"> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> </div> </div>			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <small>Trust Fund Contribution.</small>	
<b>10. OFFICERS AND DIRECTORS</b>			
<small>TITLE</small> D	<small>NAME</small> FLORIDA DE SALINA, GLORIA NELLY <small>STREET ADDRESS</small> 2100 PONCE DE LEON BLVD., #600 <small>CITY - ST - ZIP</small> CORAL GABLES, FL 33134	<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY - ST - ZIP
<small>TITLE</small> S	<small>NAME</small> VILLANUEVA, CARLOS <small>STREET ADDRESS</small> 2100 PONCE DE LEON BLVD., #600 <small>CITY - ST - ZIP</small> CORAL GABLES, FL 33134	<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY - ST - ZIP
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<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY - ST - ZIP	<small>TITLE</small> NAME	
<b>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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <i>Gloria N. De Salina</i> <span style="margin-left: 50px;"><i>Carlos Villanueva</i></span>		04/29/03 305-377-0812	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034B (12/02)