

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90056 048 \*\*\*150.00

770653

DO NOT WRITE IN THIS SPACE

DOCUMENT #  
1. Entity Name

P. 000 000 95 723  
THREE INVESTORS CORP.

770653

May 22, 2001 8:00 am  
Secretary of State  
05-22-2001 90056 048 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business  
520. Brickell Key Dr  
Suite, Apt. #, etc.  
Ste 203  
City & State  
Miami FL  
Zip  
33131  
Country

3. Mailing Address  
520. Brickell Key Dr  
Suite, Apt. #, etc.  
Ste 203  
City & State  
Miami FL  
Zip  
33131  
Country

4. FEI Number  
65-1046431  
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  
Name  
Rafael Quintero  
Street Address (P.O. Box Number is Not Acceptable)  
520. Brickell Key Dr - Ste 203  
City  
Miami FL  
Zip Code  
33131

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  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
RAFAEL QUINTERO  
520 BRICKELL KEY DR  
MIAMI FL 33131

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-30-01 9543853161  
Date  
Daytime Phone #