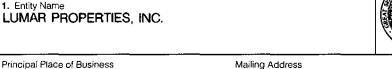
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P00000102201

DOCUMENT #





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

04-14-2003 90411 036 \*\*\*150.00

C/O 210 N. WYMORE ROAD C/		•	/O 210 N. WYMORE ROAD //INTER PARK FL 32789				
2. Principal Place of Business		3. Mailing Address			T HOUSE OUR OUTS THE OUTS TO SHIP TO SHIP TO SHIP TO SHIP THE SHIP THE SHIP THE SHIP THE SHIP THE SHIP TO SHIP THE SHIP		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-369593	5	Applied For Not Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired		8.75 Additional ee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
OSSINSKY, MARC P 210 N. WYMORE ROAD WINTER PARK FL 32789				Street Address (P.O. Box Number is Not Acceptable)  City  L Zip Code			
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent at				stered agent, or both, in the State of F	Torida. I am fa DATE	miliar with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				37	9. Election Campaign F Trust Fund Contribut	~ —	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS	D Donaldson, Luis A Paraguay 346 Piso 14	Delete	TITLE NAMI STRE				☐ Change ☐ Addition

1057 BUENOS AIRES ARGENTINA CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ⁻ [☐] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 trugglee 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: