

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 033 ***150.00

DOCUMENT # P00000106078

1. Entity Name

GIBALTAR GROUP INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10350 W BAY HARBOR DR.

3. Mailing Address

SAME.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

7-T

Suite, Apt. #, etc.

City & State

BAY HARBOR ISLANDS, FL

City & State

4. FEI Number

65-1062773

Applied For

Not Applicable

Zip

33154

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS CARLOS TABORDA

Street Address (P.O. Box Number is Not Acceptable)

10350 W BAY HARBOR DR

7-T

City

BAY HARBOR ISLANDS

FL

Zip Code

33154

DO NOT WRITE IN THIS SPACE

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]

LUIS CARLOS TABORDA

4/13/02.

Signature, type or printed name of registered agent and title, if applicable.

(No FEI Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE: P.D.
NAME: LUIS CARLOS TABORDA-SAMPER
STREET ADDRESS: 10350 W BAY HARBOR DR. #7-T
CITY-ST-ZIP: BAY HARBOR ISLANDS, FL

NAME: 33154.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
LUIS CARLOS TABORDA-SAMPER
PRESIDENT

4/13/02

(305) 864-3624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)