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

FILED May 02, 2002 8:00 am Secretary of State

DOCU		# P000001	109438			05-02-2002 90112 019 ***150.00	
LEAD SAT CORP.							
	DO N	IOT WRI	TE IN THIS S	SPA(CE		
2. Principal Place of Business 848 BRICKELL AVENUE			3. Mailing Address 601 BRICKEL	L KEY	DRIVE		
Suite, Apt. #, etc. SUITE 1120			Suite, Apt. #, etc. SUITE 805			DO NOT WRITE IN THIS SPACE	
City & Sta			City & State MIAMI, FL			4. FEI Number Applied For 65-1065701 Not Applicable	}
33131	Country Zip USA 33131		Cou		5. Certificate of Status Desired S8.75 Additional Fee Required		
					Name	7. Name and Address of Current Registered Agent	-
DO NOT WRITE					Street Addres	S. M. & GALEGO S. (P.O. Box Number is Not Acceptable)	-
IN THIS SPACE					601	BRICKELL KEY DRÍVE	
	*				City MIAM	II FL Zip Code 33131	
8. The above	e named anit	submits this stateme	ent for the purpose of changing i	ts register	ed office or regist	tered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed	or printed name of registered:	agent and title if applicable. (No	BY: I	ROBERT N. ed Agent signature requi	ALLEN, JR. PRESIDENT 4/25/02 red when reinstating) DATE	
Tax filing		ible to satisfy its Intang and elects to do so.	After Ma	y 1, Fee ed UBR	ee is \$150.00 is \$550.00 is \$61.25 epartment of Si	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11. TITLE	D	OFFICERS A	AND DIRECTORS	TITL			=
NAME STREET ADDRESS CITY-ST-ZIP	Jorge Martinez 601 Brickell Key Drive, #805 Miami, FL 33131				ET ADORESS - ST- ZIP		CR2E034B (12/01)
TITLE NAME STREET ADDRESS	PT Juan A. Martinez 601 Brickell Key Drive, #805 Miami, FL 33131				E		CR2E0
CITY-ST-ZIP					ET ADDRESS -ST-ZIP		
NAME	VS Adriana Martinez				E .		
STREET ADDRESS CITY-ST-ZIP	8 601 Brickell Key Drive, #805 Miami, FL 33131				ET ADDRESS -ST-ZIP	DO NOT WRITE	
TITLE NAME						IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP		
TITLE NAME				TITLE		mate, and a second a	
STREET ADDRESS CITY-ST-ZIP	T ADDRESS				ET ADDRESS		
TITLE				TITLE	ST- ZIP		
NAME STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP					ST-ZIP	Oction 110.07(2)(i) Florido Servicio (i)	
indicated of the cor attachmer	on this report poration or th nt with an add	or supplemental repr e repeive, or trustee fress with all other like	It is true and accurate and that empowered to execute this report empowered.	my signat ort as requ	ure shall have the pired by Chapter	section 119.07(3)(i). Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes: and that my name appears in Block 11 or on an	
SIGNAT	URE: _	SIGNATURE AND THEE	OR PRINTED NAME OF SIGNING OFFICER		Martine	z 4/25/02 (305) 372–3300	